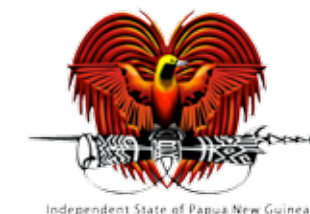




Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025





Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence **2016-2025**

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COVER GRAPHIC: Bamboo lime container engraved with snake and shell motifs, Aibom village, East Sepik Province; published in Dernet, H. Mak Bilong Sepik, 2012

PHOTOGRAPHS

PAGE 6: courtesy of @madNESS Photography

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PAGE 20: Leniata Legacy

PAGE 26: Helen and John Mond, Jiwaka, Photographer: Anou Borrey

PAGE 32: Community Awareness, Grace Counselling, East New Britain Province, Photographer: Jackie Kauli

PAGE 52: Sgt. Mary Miul, Kundiawa Police, Simbu Province, Photographer: Llane Munau

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Prime Minister's Statement



The Government recognizes Gender Based Violence as the gravest human rights violation in the world and is adamant on making a change in Papua New Guinea, due to the impact on the overall development aspiration of the country.

Gender Based Violence is occurring at an increasing rate in Papua New Guinea and requires collective effort and partnership from all sectors to effectively address this issue. The National Government's response to Gender Based Violence has been implemented by Government Departments and Agencies, however it requires effective coordination to achieve the derived outcomes.

In 2013, I received the petition from stakeholders, during the one-day 'National Haus Krai', calling on the National Government to address Gender Based Violence. I made a promise to the nation that the National Government would take swift action to implement the recommendations made by these stakeholders. So far, in response to the petition, the Government, under my leadership, has repealed sections 229 and 347(b) of the Criminal Code, which now allows for stronger penalties for sorcery-related wilful murder and for aggravated rape. It has also passed the Family Protection Act and the Human Trafficking law.

The endorsement of the National Strategy to Prevent and Respond to Gender Based Violence will provide the roadmap that will guide an inclusive government-led approach in implementing all legislations, policies and programmes.

The National Government is convinced that the implementation of this Strategy will move Papua New Guinea closer towards being a country, where everyone can live free from fear of violence and enjoy mutual respect and confidence. This Strategy will be implemented in close collaboration and partnership with relevant Government ministries, development partners, churches, civil society organizations, community leaders and the media.

I commend all partners, across the country, for their commitment, effort and invaluable contributions in developing this National Strategy. Together we will work to achieve zero tolerance towards Gender Based Violence.

HON. PETER O'NEILL, CMG MP.
Prime Minister

National Haus Krai
"Enough is Enough"

Minister's Foreword



This National Strategy to Prevent and Respond to Gender Based Violence is aimed at achieving zero tolerance as per the Government Vision 2050.

As the leading government department I will ensure that adequate resources will be committed to implement the Strategy. In rolling out the Strategy it will be important for all relevant departments such as Health, Justice and Attorney General, Planning and Monitoring, Police, Provincial and Local-Level Government, Personnel Management, Education, Finance and Treasury, and the Prime Minister's Office, to carry out their relevant parts, as per their respective mandates.

As a government we endorsed the newly developed Sustainable Development Goals (SDGs). Our PNG Development Strategy Plan (2010-2030) already reflects the SDG indicator for zero tolerance towards GBV. The National Strategy will provide the instrument with which to achieve this important landmark.

I acknowledge the work that has been done, over many years, by civil society organizations, churches, faith-based organizations and the private sector. These partners, including the national Family and Sexual Violence Action Committee (FSVAC), have kept the issue at the forefront over the last 15 years. Through their work they have played a very significant role in service delivery and in advocating for human rights and gender equality across Papua New Guinea.

The consultations, informing the content of the Strategy, were led by the Department for Community Development and Religion (DfCDR), through the Office for the Development of Women (ODW), and in partnership with the national FSVAC. The United Nations Development Programme (UNDP) in PNG provided technical advice, and the Australian Government Department of Foreign Affairs and Trade provided financial support. As the leading government department, I will continue to support the valuable work of these key partners, coordinating closely for quality support.

We all know that the eradication of GBV will require long-term and sustained efforts. Only through collaborative efforts can we achieve this result and only if every one of us, as individuals and as leaders, commit to zero tolerance towards GBV.

HON. DELILAH GORE, MP

Minister for Religion, Youth & Community Development

Statement by Secretary



I am honoured to accord great appreciation and acknowledge invaluable contributions of all stakeholders in the first Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence (GBV) 2016-2025. The National Strategy to Prevent and Respond to GBV was developed through the collaboration and contribution of diverse stakeholders held at national, regional and provincial levels. These stakeholders comprised of Papua New Guinea academia, Civil Society Organizations (CSOs), the Private Sector, Government, and International Development Partners.

Aiming for a better society by 2050, as articulated in our 2050 Vision, participants agreed to commit to inclusion, tolerance and respect for all, with particular emphasis on people in more vulnerable and disadvantaged situations and conditions. The inclusive consultation process ensured that priorities and concerns of women, youth, people living with disabilities, people living with HIV, and key affected populations were addressed. Mutual acknowledgement of rights across diverse communities, organizations and groups working in different sectors forged shared values that underpin this new Strategy.

The Strategy accommodates the priorities and aspirations of the various important National Government Policy frameworks and legislations including the Convention on the Elimination of Discrimination Against Women and related international treaties, which include Gender Based Violence. The Strategy reflects strong government commitment and leadership, especially with its call for the establishment of a high-level Ministerial Committee on GBV and supported by a National Advisory Committee to be established within the Department for Community Development and Religion.

The Department will ensure that all mechanisms and processes are put in place to enable a coordinated and quality implementation of the Strategy. It will provide technical assistance to all relevant departments and stakeholders to ensure that the Strategy is implemented.

We are looking forward to a dynamic and effective cooperation in rolling out the National Strategy to Prevent and Respond to Gender Based Violence.

ANNA SOLOMON

Secretary for Religion, Youth & Community Development

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIMC	Consultative Implementation and Monitoring Council
CSO	Civil Society Organization
DGBVAC	District Gender Based Violence Action Committee
DGBVAC-FP	District Gender Based Violence Action Committee Focal Point
DfCDR	Department for Community Development and Religion
DFAT	Australian Department of Foreign Affairs and Trade
DJAG	Department of Justice and Attorney General
DPM	Department for Personnel Management
EVAW	Ending Violence Against Women
FBO	Faith Based Organization
FSC	Family Support Centre
FSV	Family and Sexual Violence
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family and Sexual Violence Unit
GESI	Papua New Guinea Public Service Gender Equity and Social Inclusion Policy
GEEW	Gender Equality and the Empowerment of Women
GoPNG	Government of Papua New Guinea
GBV	Gender Based Violence
HRD	Human Rights Defender
LRC	Papua New Guinea Constitutional Law Reform Commission

NCD	National Capital District
NCGBV	National Council on GBV
NDOH	National Department of Health
NEC	National Executive Council
NGO	Non-Government Organization
NRI	National Research Institute
ODW	Office for the Development of Women
PGBVAC	Provincial Gender Based Violence Action Committee
PGBVAC-S	Provincial Gender Based Violence Action Committee Secretariat
PGK	Papua New Guinea Kina
PIP	Public Investment Project
PNG	Papua New Guinea
PNGMTDP	Papua New Guinea Medium-Term Development Plan
PNGDSP	Papua New Guinea Development Strategic Plan
PPP	Public-Private Partnership
RPNGC	Royal Papua New Guinea Constabulary
SDGs	Sustainable Development Goals
TOR	Terms of Reference
TOT	Trainers of Trainers
UNDP	United Nations Development Programme
VAW	Violence Against Women

Executive Summary

The Papua New Guinea (PNG) National Strategy on Gender Based Violence (GBV) 2016-2025 is the Government's framework to prevent and respond to GBV. Gender Based Violence is viewed as an endemic problem affecting the lives of too many individuals and communities.

The Strategy recognizes that there is much valuable work being undertaken by the Government of Papua New Guinea (GoPNG), Development Partners, Civil Society Organizations (CSOs) and Faith Based Organizations (FBOs) to address GBV. However, demand is outstripping supply, and thousands of survivors of GBV need more services, including appropriate medical and socio-psychological services, accessible legal and justice services, and protective shelters. But most of all we will need to prioritize prevention of GBV.

The past decade has seen significant progress in laws, policies and practice. The Strategy seeks to institutionalize, strengthen and harmonize multi-sectoral and multi-level coordination. It will do so across national and provincial-level government entities and stakeholders. The work on preventing GBV and providing quality services will go a long way in achieving the new Sustainable Development Goals (2015-2030); working on zero tolerance towards GBV will have a multiplier effect in terms of reaching all Sustainable Development Goals.

The Strategy incorporates the strengths of two previous strategies,¹ and the 2009 draft Strategy review.² These have served as guiding documents for the work of the Family and Sexual Violence Action Committee (FSVAC).³ This Strategy continues to focus on the prevention of GBV and on the delivery of quality services to survivors of GBV.

¹Bradley, C. and Kesno, J., (2001), *Family and Sexual Violence in PNG: An Integrated Long-term Strategy*, Report to the Family Violence Action Committee of the Consultative Implementation and Monitoring Council, Discussion Paper No.84. *Ending Violence Against Women Action Plan 2008-2012 (Draft Strategy)*

²Siebert, S. and Garap, S., (2009), *Ending Family and Sexual Violence in Papua New Guinea: A Review of the National Strategy and Recommendations*, Funded by Sanap Wantaim Program, AusAID.

³The Family and Sexual Violence Action Committee was set up in 2000 as a sectoral committee of the Consultative Implementation Monitoring Council (CIMC). The committee was established as part of a recommendation from a workshop on family and sexual violence. The workshop was part of Papua New Guinea's silver jubilee independence celebrations.

The National Strategy to Prevent and Respond to Gender-Based Violence is summarized as follows:

Vision An inclusive, peaceful society where government, in partnership with its citizens, embraces diversity, equality and equity, recognizes, respects and promotes the rights of all citizens, and secures just and sustainable development for all.

Goal The Government of Papua New Guinea, in partnership with all its key stakeholders, will prioritize the prevention of and response to Gender Based Violence to enable a quality of life without fear of violence.

Objectives The National Strategy on GBV has four key objectives, which are:

1. To ensure that by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV, aligned with the PNG Development Plan, Papua New Guinea Vision 2050 and with the Sustainable Development Goals 2016-2030,
2. To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence,
3. To ensure quality, continuity and sustainability of coordinated responses, referrals and service delivery for survivors of gender-based violence, and
4. To scale-up, decentralize, and standardize inclusive, quality initiatives and messaging for prevention of gender-based violence at all levels and in all sectors of society.

Key indicators to measure the progress on the above objectives are as follows:

Indicator 1: 30 per cent of reported GBV cases are effectively dealt with through the referral and justice systems by 2019, 40 per cent by 2022, and 60 per cent by 2025.

Indicator 2: Absolute numbers of successful preventive measures reported annually by Human Rights Defenders (HRDs) and community volunteers through their respective District GBV Focal Points (DGBVAC-FP) and PGBVAC Secretariats (increase by 20 per cent by 2018, 40 per cent by 2022, 60 per cent by 2025).

Indicator 3: Annual percentage of survivors effectively engaged in livelihood programmes, private and public sector (10 per cent by 2019, 30 per cent by 2022, 50 per cent by 2025).



Introduction

Rationale for the National Strategy on Gender Based Violence

Defining Gender Based Violence

Currently, gender disparity is evident in many aspects of society, from education, employment and political representation to mortality and cultural norms ... **PNG cannot reach its potential if inequality continues to exist** ... Victims are not well reported due to cultural issues and fear. There is a need to increase the capacity and effectiveness of enforcing agencies and institutions to protect and cater for victims ... **Our target is zero tolerance of violence against women and children.**

PAPUA NEW GUINEA DEVELOPMENT STRATEGIC PLAN 2010-2030

Rationale for the National Strategy on Gender-Based Violence

The National Strategy to Prevent and Respond to Gender Based Violence (2016-2025) aims to strengthen and institutionalize the work on GBV in order to achieve zero tolerance towards GBV as per the Papua New Guinea Vision 2050. Gender Based Violence remains a key development challenge in PNG and, as it bears negatively on the overall development of the country, it has been prioritized in the development agenda.

The Strategy does not 'reinvent' structures and processes, but builds on existing interventions at national and sub-national level to secure government ownership at the highest level, and a stronger focus on coordination and monitoring for quality.

The National Government has policies and laws that prioritize GBV, but due to the absence of a national strategy, government agencies and stakeholders have been addressing GBV in silos.

This Strategy is the result of an extensive and inclusive collaboration and consultation process held with a wide range of stakeholders from academia, CSOs and FBOs, key international development partners, private sector representatives, as well as government policy makers and service providers, at national and sub-national levels.

Those consulted agreed to use the term Gender Based Violence, instead of Family and Sexual Violence, as it addresses the broader root causes of GBV, which reach outside of the family unit. However, the term GBV does not detract from the necessary and important focus on family or the domestic sphere as key sites needing positive and transformational change. Rather, the term 'Gender' emphasizes the gendered and unequal relations of power in intimate, family, workplace and societal relationships, which creates discrimination and feeds into GBV. It also enables a review of the structural violence⁴ that perpetuates GBV from one generation to another.

Partners and stakeholders recognized that many important strategic steps had already been taken. However, they unanimously agreed that without government leadership sustainable and transformational change will not be achieved. The Government will need to coordinate the work of all stakeholders, secure adequate funding, monitor for quality service delivery, and facilitate ongoing sharing of knowledge and best practices. A nationwide assessment reinforces that one cannot continue to do business as usual. Informed by local realities and new global findings it is time to develop a new approach to address the GBV epidemic.

The Strategy sets in motion the long-term commitment from the Government to effectively address GBV in PNG. The broad timeframe is essential in order to address the complexity of the issue and the extensive time it will require to achieve committed institutional, structural and behavioural change. The Strategy will be supported by multi-year plans of action, which will allow for more detailed planning and budgeting based on regular monitoring and evaluation.

GBV issues need to be streamlined across all sectoral policies and plans. Robust budgets will be required to ensure the uniform execution of strategic interventions that will lead to the prevention of GBV and offer support to quality services for survivors of violence. Synergies across government, across national and sub-national agencies, and with CSOs, FBOs and the private sector will facilitate a more effective and timely delivery of the core components of the Strategy.

⁴ Structural Violence – GBV is often divided into two interlinked categories: interpersonal and structural/institutional violence. Interpersonal violence refers to an act of economic, sexual, psychological or other violence perpetrated by an individual against another individual. Structural/institutional violence refers to any form of structural inequality or institutional discrimination that maintains a person in a subordinate position, whether physical or ideological, to other people within the family, household or community. Both types involve the prioritization of hegemonic masculinities above the rights of other gendered entities, including women's. See <http://www.gsdc.org/topic-guides/gender/>; Kangas, A., Haider, H., Fraser, E. and Browne, E., (2014).

Defining Gender Based Violence and Underlying Gender Concepts

DEFINITION FOR GENDER BASED VIOLENCE

Physical, emotional, psychological and sexual abuse directed against a person because of his or her gender in a society or culture including, but not limited to, acts committed with force, manipulation or coercion and without the informed consent of the survivor, to gain control and power over them.

The term GBV does not detract from the necessary and important focus on family or the domestic sphere as key sites needing positive and transformational change. Additionally, it does not intend to distract from incidents of Violence Against Women and Girls, which we know is the most prevalent form of GBV. Rather, naming 'Gender' reminds us that we also need to address the root causes of violence: the gendered and unequal relations of power in intimate, family, workplace and societal relationships which perpetuate discrimination.

Common forms of GBV include rape/penetration, sexual assault, physical assault, trafficking/abduction, sorcery-related violence, forced and/or early marriage, denial of resources, opportunities and services, psychological/emotional abuse, and removal or damage of property.

The different forms of GBV can take place in different contexts, such as within the family, the community, the workplace, public spaces, as well as within conflicts such as tribal or ethnic warfare. As such perpetrators can therefore be family members, partners, friends, employers, people in authority (teachers, police, etc.), and unknown members of the communities. GBV can also result from legislations, policies, and structures that reinforce gender inequality.

In order to better grasp the meaning of the GBV definition the following section expands on some of the key concepts underpinning the definition of GBV.

Gender Concepts

- **Consent** – A person consents when he or she makes an informed choice to agree freely and voluntarily to do something. There is no consent when agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation.
- **Early Marriage** – Arranged marriage under the age of legal consent. (Sexual intercourse in such relationships constitutes statutory rape).
- **Emotional and Psychological Violence** – Consists of abuse/humiliation in the form of non-sexual verbal abuse that is insulting, degrading, and demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival, or confinement by isolating a person from friends/family, restricting their movements, deprivation of liberty, or obstruction/restriction of their right to free movement.

- **Family and Sexual Violence** – Family and sexual violence is defined as the physical, mental, or sexual abuse directed against a person, within the family, because of his or her gender – including acts, attempted or threatened, committed with force, manipulation, or coercion and without the formal consent of the survivor.⁵
- **Forced Marriage** – Marriage arranged against the victim's/survivor's wishes, often accompanied by the threat of violent and/or abusive consequences should he/she refuse to comply.
- **Gender** – Gender is the term used to denote the social characteristics assigned to men and women. These social characteristics are constructed on the basis of different factors, such as age, religion, nationality, ethnicity and social origin. They differ both within and between cultures and defined identities, statuses, roles, responsibilities and power relations among the members of any culture or society. Gender is learned through socialization. It is not static or innate, but evolves to respond to changes in the social, political and cultural environment. People are born female or male (sex); they learn how to be girls and boys, and then become women and men (gender). Gender refers to what it means to be a boy or a girl, woman or man, in a particular society or culture. Society teaches expected attitudes, behaviours, roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This is learned behaviour known as gender identity.⁶
- **Gender Equality** – The state in which access to rights or opportunities is unaffected by gender. It is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision making, and when the different behaviours, aspirations and needs of men and women are equally valued and favoured.
- **Gender Equity** – Is the process of being fair to women and men. To ensure fairness, it may be necessary to make available strategies and measures that compensate for the historical and social disadvantages that have prevented women and men from otherwise operating on a level playing field. Equity leads to equality.
- **Incest** – The crime of sexual relations or marriage taking place between a male and female who are so closely linked by blood or affinity that such activity is prohibited by law and custom.⁷ For the purpose of this section, a close blood relative means a parent, son, daughter, sibling (including a half-brother or half-sister), grandparent, grandchild, aunt, uncle, niece, nephew or first cousin, who are family members from birth and not from marriage or adoption.

⁵ Siebert, S. and Garap, S., (2009).

⁶ See www.irinnews.org/feature/2004/09/01/definitions-sexual-and-gender-based-violence.

⁷ See <http://legal-dictionary.thefreedictionary.com/incest>.

- **Physical Violence** – Consists of physical assault, which encompasses beating, punching, kicking, biting, burning, maiming or killing, with or without weapons; often in combinations with other forms of gender-based or sexual violence. Physical violence also refers to trafficking and slavery, which is the sale and trade of human beings for forced sexual activities, forced labour, servitude or services, or for the removal of organs.
- **Power** – Power is understood to be the capacity to make decisions. All relationships are affected by the exercising of power. When power is used to make decisions regarding one's own life, it becomes an affirmation of self-acceptance and self-respect that, in turn, fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about, the lives of others.
- **Rape** - A person who sexually penetrates another person without his or her consent is guilty of the crime of rape.⁸
- **Sexual Assault** - A person is guilty of the crime of sexual assault if, without another person's consent, he or she touches, with any part of his or her body, the sexual parts of the other person; or compels another person to touch, with any part of his or her body, the sexual parts of the accused person's own body.
- **Sexual Violence** – Sexual violence includes sexual exploitation and sexual abuse. It refers to any act, attempt, or threat of a sexual nature that results in, or is likely to result in, physical, psychological and emotional harm.
- **Structural Violence** – GBV is often divided into two interlinked categories: interpersonal and structural/institutional violence. Interpersonal violence refers to an act of economic, sexual, psychological or other violence perpetrated by an individual against another individual. Structural/institutional violence refers to any form of structural inequality or institutional discrimination that confines a person to a position that is subordinate, whether physical or ideological, to other people within her family, household or community. Both types involve the prioritization of hegemonic masculinities above the rights of other gendered entities, including women's.⁹
- **Violence Against Women** – The United Nations defines Violence Against Women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life'.¹⁰

⁸ Section 347(1) of the Criminal Code.

⁹ See <http://www.gsdr.org/topic-guides/gender/>; Kangas, A., Haider, H., Fraser, E. and Browne, E., (2014).

¹⁰ 'Painim Aut na Luk Save' – Understanding GBV to inform sustainable development, 2016; Compiled for the joint Gender Based Violence Programme, led by the Office of Development of Women/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and Civil Society Partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and technical support from the United Nations Development Programme (UNDP) in Papua New Guinea; In Print. This report contains key findings from two other reports commissioned by the DfCDR, with technical support from UNDP, to inform the development of the National Strategy to Prevent and Respond to Gender Based Violence, 2016-2025. The first covers a literature review on GBV in PNG. The second report captures information from a mapping exercise which reviewed the work of 147 organizations working in the field of GBV across 16 provinces in PNG; In Print.



Gender Based Violence – *The Global Context*¹¹

Gender-based violence is prevalent in every corner of the globe

Intimate Partner Violence is the most common form of gender-based violence

Violence is caused by a complex model of intersecting factors

Gender Based Violence (GBV) is one of the most pervasive violations of women's human rights across the globe. Everyday millions of women and girls experience violence around the world. We know that GBV stems from oppressive and entrenched systems of gender inequality. Such violence is not only directly harmful to individual women, but also impedes achieving a range of development outcomes.

The costs of GBV, both direct and indirect, are a staggering burden on households and economies.

As GBV is a complex and multifaceted problem, it cannot effectively be addressed by standalone interventions. Rather, a large-scale coordinated strategy is needed to effectively address the interlocking root causes of this phenomenon.

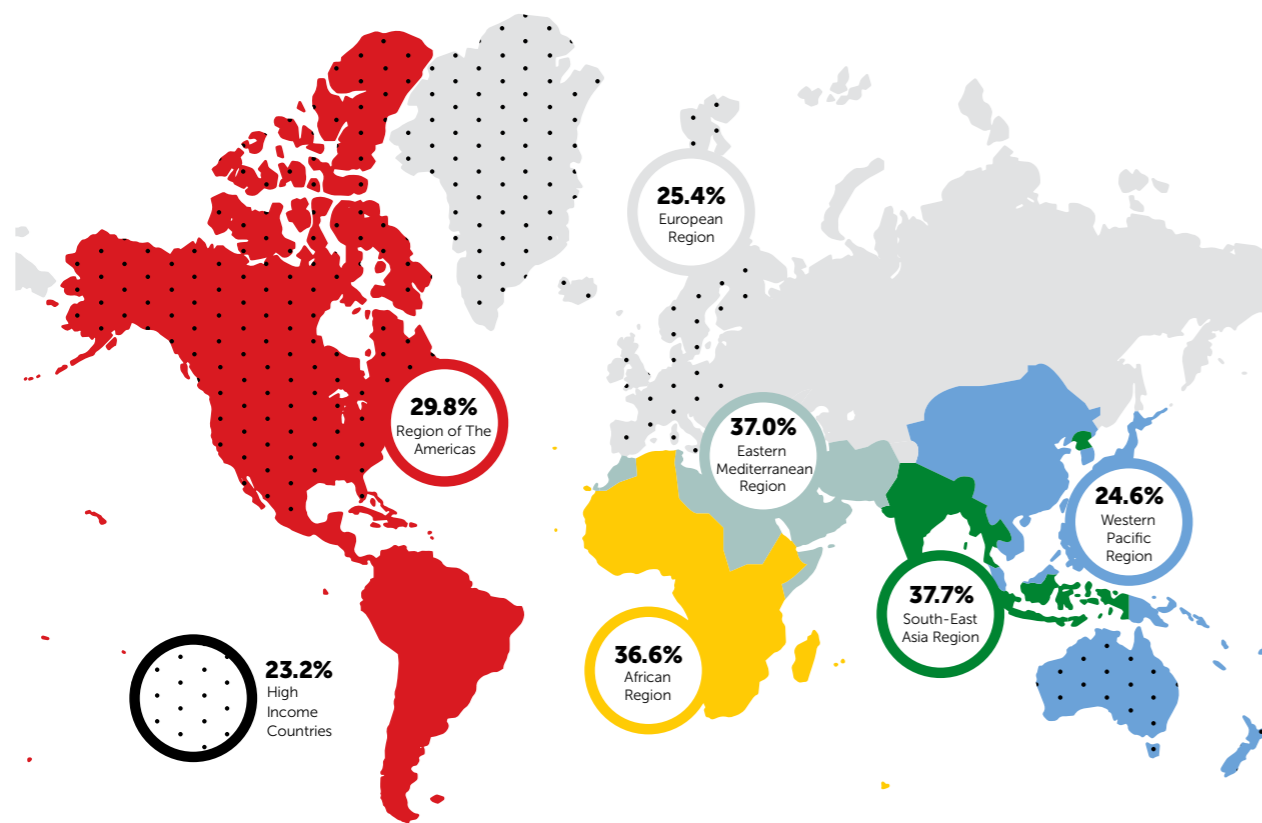
Gender-based violence is prevalent in every corner of the globe

Obtaining accurate prevalence data on GBV is often difficult due to non-reporting, under-reporting, and under-documentation. Nevertheless, the numbers that are available on GBV across the globe are staggering, and indicate that this very current problem remains a pertinent and prevalent development challenge. WHO estimates that more than 30 per cent of women worldwide have experienced either physical or sexual violence by an intimate partner in their lifetime. Seven per cent of women worldwide have experienced non-partner sexual assault.¹²

¹¹ 'Painim Aut Na Luksave' – Understanding GBV to inform sustainable development, 2016; Compiled for the joint Gender Based Violence Programme, led by the Office of Development of Women/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and Civil Society Partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and technical support from the United Nations Development Programme (UNDP) in Papua New Guinea; In Print. This report contains key findings from two other reports commissioned by the DfCDD, with technical support from UNDP, to inform the development of the National Strategy to Prevent and Respond to Gender Based Violence, 2016-2025. The first covers a literature review on GBV in PNG. The second report captures information from a mapping exercise which reviewed the work of 147 organizations working in the field of GBV across 16 provinces in PNG; In Print.

¹² See www.thelancet.com.

1 IN 3 WOMEN THROUGHOUT THE WORLD WILL EXPERIENCE PHYSICAL AND/OR SEXUAL VIOLENCE BY A PARTNER OR SEXUAL VIOLENCE BY A NON-PARTNER



Map showing prevalence of intimate partner violence by WHO region.

While GBV is certainly a global phenomenon, it presents particular characteristics and challenges depending on the specific context in question. The Asia-Pacific region has more than half the world's population and records high levels of various forms of GBV, although with significant variation among countries and regions. For example, around one third of women in China and Vietnam, and more than half of women in Papua New Guinea and Vanuatu, reported physical partner violence in the recent UN multi-country study.¹³

¹³ Partners for Prevention: A UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific, (2013): Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific.



Intimate Partner Violence is the most common form of gender-based violence

Intimate Partner Violence (IPV) is the most prevalent form of GBV across countries. IPV is defined as behaviour within an intimate relationship that causes physical, sexual or psychological harm. This includes acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Estimates indicate that 30 per cent of women over the age of 15 have experienced physical or sexual violence by an intimate partner at least once in their lifetime. However, the level of IPV varies greatly between countries and even within countries. For example, within Asia-Pacific data on men's perpetration of IPV varies from 26 per cent in a rural Indonesian location to 80 per cent in Bougainville, PNG.

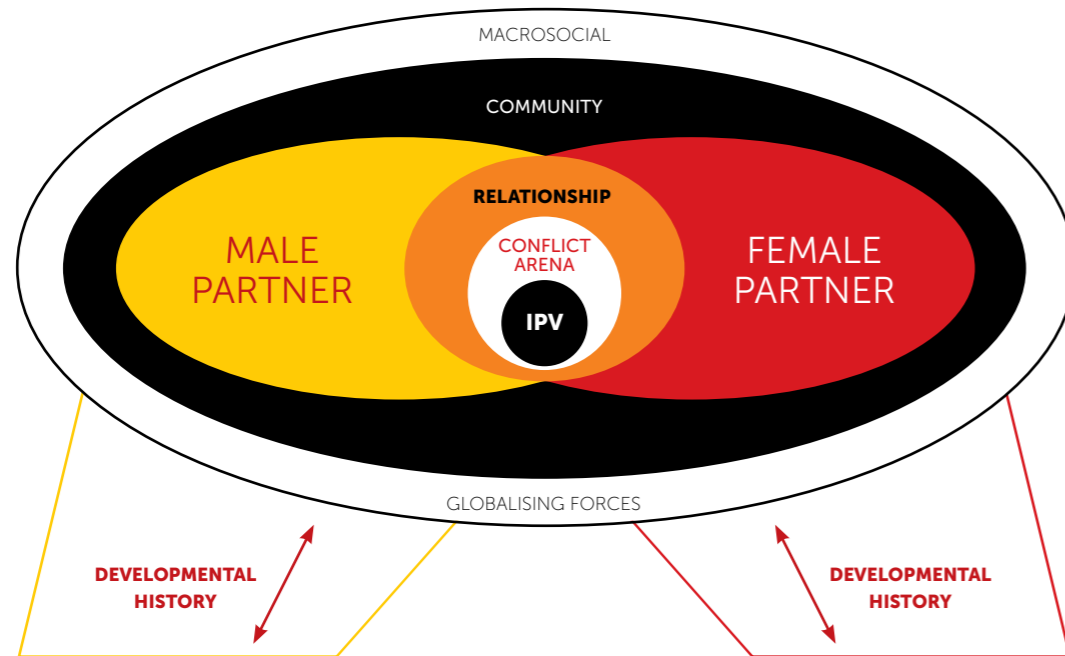
IPV IS THE MOST COMMON FORM OF VIOLENCE IN WOMEN'S LIVES
(EVEN IN AREAS OF CONFLICT)

<p>Health effects of violence are long term and cumulative</p>	<p>Types of violence (physical, sexual, emotional) frequently overlap</p>	<p>"Life Burden" of violence</p>
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¹⁴ Ganster-Breidler, M. (2010), Gender Based Violence and the Impact on Women's Health and Well-being in Papua New Guinea: A cross-sectional survey using sections of World Health Organization's Violence Against Women Instrument for use in the WHP Multi-Country Study on Women's Health and Life Experiences, Papua New Guinea: HORIZONT3000.

Violence is caused by a complex model of intersecting factors

Gender-based violence is a manifestation of unequal gender relations. How violence plays out in specific settings however, depends on a complex interplay of factors that operate at multiple levels of society. This model is referred to as the Socio-Ecological Model, as illustrated in the figure below



Socio-ecological model for intimate partner violence, Source: Lori Heise

Individual-level and family-level factors exist within, and are formed by, broader macro-social structures and community norms that propagate gender inequality. These societal and cultural-level structures include various concrete and invisible forces such as the law, media, religious teachings and many more.

While the specific drivers of violence vary in different cultural contexts, research has found some factors that are common across countries and point to the underlying causes of GBV.

Individual-level factors increase the likelihood of a woman experiencing GBV or a man perpetrating GBV. Some common individual-level risk factors include:

- Experiences of child abuse
- Witnessing violence as a child
- Holding beliefs that violence against women is acceptable or justified under some circumstances
- Lower levels of education
- Alcohol or substance abuse
- Depression or other mental health problems

These are not necessary causal, but point to larger underlying drivers.

Drivers that have been found to account for the prevalence of violence at a country- or population-level include:

- Rigid gender roles
- Stereotyped constructions of masculinity and femininity
- Male authority over women
- Male sexual entitlement over women
- Limits to women's independence
- Norms that emphasize women's purity and family honour
- Cultures that also condone men's aggression and violence against women
- Women's access to formal wage employment.

CAUSES OF VIOLENCE VERSUS ASSOCIATED FACTORS:

Individual factors found to correlate with violence against women cannot be interpreted as providing 'causes' of violence against women. While one factor, such as childhood experiences of violence, may be strongly correlated with violence perpetration, not all men who experience child abuse will go on to perpetrate Gender Based Violence.

However, clusters of strongly correlated factors point to broader underlying causes, such as gender inequality. If the multiple associated factors, and the societal forces that influence them are addressed, it is likely that a decrease in the rates of GBV may result.



Violence is Preventable

Addressing violence requires both prevention and response

What works to prevent gender-based violence

Elements of successful programmes

Addressing violence requires both prevention and response

Gender-based violence is preventable. However, to address GBV effectively we need a comprehensive and holistic approach that involves prevention efforts linked with response mechanisms.

PREVENTION refers to stopping GBV before it happens by addressing gender inequality and the drivers of violence at all levels of the social ecology.

Prevention is a long-term goal that involves working across the population to challenge norms, practices and structures that drive GBV.

RESPONSE refers to the measures taken after violence has occurred at a population- or individual-level to reduce the harm resulting from the violence. Responses to violence include service provision such as policing, crisis counselling, access to justice, or shelter provision.

Response services can also have preventive effects: stopping early signs of violence from escalating, preventing reoccurrence of violence, or reducing longer-term harm. They also provide the foundation stone of primary prevention by sending a message that violence is not acceptable.

Well-designed and properly implemented services for victims will continue to be vitally important. However, the sheer magnitude of the problem means that preventing intimate partner and sexual violence before it occurs will be crucial not only in reducing the burden of suffering but also in reducing the long-term human, economic and public health costs of such violence.¹⁵

In terms of stopping violence before it starts, by addressing the root causes of violence, there have been impressive gains in the last ten years. There are several rigorous impact evaluations of programmes in low- and middle-income countries that show success in preventing gender-based violence.

¹⁵ World Health Statistics, 2013, WHO.

What works to prevent gender-based violence

The prevention of GBV remains a new area still requiring innovation. However, the global evidence points to a number of best-practice interventions.

Relationship-level interventions: These interventions work with couples to address relationship dynamics, encourage critical awareness of gender roles and norms, and challenge the distribution of resources and duties between men and women. Fundamentally, these interventions seek to educate individuals about the power relationships between the genders. An example is the Stepping Stones programme in South Africa.¹⁶

Microfinance combined with gender-transformative approaches: These interventions seek to build women's economic resources, particularly in terms of assets and income while also empowering women to transform gender relationships in their lives. The use of gender-transformative approaches alongside economic interventions greatly increases the efficacy of the intervention in combating GBV, as seen in the IMAGE project.¹⁷

Community mobilization: Community mobilization interventions attempt to empower women, engage with men, and change gender stereotypes and norms at a community-level. Such interventions can take the form of community workshops, peer training, and localized creative campaigns aimed at shifting attitudes and behaviour by challenging prevalent norms. SASA! is a notable example of community mobilization.¹⁸

Parenting programmes: Parenting programmes generally target new parents or those who have abused or neglected their children, or who are considered at risk of doing so. Such interventions aim to improve relationships between parents and their children, and teach positive parenting skills. These interventions can consist of home visits, individual counselling, role-play or videotape modelling of positive parenting behaviours. The Nurse Family Partnership is one such programme.

Group education targeting boys and men (with women and girls): These interventions usually train small groups of boys and men, often recruited through schools or communities, to mobilize others. The training sessions are facilitated by trained facilitators or peers, and implemented at varying lengths ranging from a few days to over six months. Group education methods are used, often based on existing curricula and material, such as in Programme H or the White Ribbon Campaign Education and Action Kit.

¹⁶ See www.steppingstonesfeedback.org.

¹⁷ See www.whatworksforwomen.org/evidence.

¹⁸ See www.raisingvoices.org/sasa/.

Currently, there is insufficient evidence to recommend a number of other types of programmes in use for GBV prevention. For example, single component communication campaigns, such as awareness-raising, cannot be recommended due to insufficient evidence. The evidence that does exist however, suggests that such programmes are not intensive enough to prevent violence against women and girls.¹⁹

Alcohol reduction programmes show promise in high-income countries, but more evidence is required from low- and middle-income countries; and it appears that such interventions should be combined with broader prevention initiatives in order to be of most use in the prevention of GBV.

There is conflicting evidence on the effectiveness of bystander programmes. The influential effect of coaches, religious or community leaders, or other 'classic' male role models (such as sports stars) can have its uses. Such interventions however, must ensure that notions of male power and dominance are not unintentionally reinforced.²⁰ Bystander strategies will be most effective when they exist as one component of a broader approach, or of a multi-level programme in one setting.²¹

I pledge to support the
work on GBV in any way
I can and stand up for the
silent majority.

PHILIPPA SETA
United Church

¹⁹ Fulu, E. and Kerr-Wilson, A., (2015), What works to prevent violence against women and girls evidence reviews, Paper 2, Interventions to prevent violence against women and girls.

²⁰ Jewkes, R., Flood, M., and Lang, J., (2014), 'From working with men and boys to changing social norms and reducing inequities in gender relations: a paradigm shift in prevention of violence against women and girls', *The Lancet*, DOI: 10.1016/S0140-6736(14)6183-4.

²¹ A. Powell, (2014), Bystander approaches – Responding to and preventing men's sexual violence against women, ACSSA Issues No.17.

Elements of successful programmes

Although innovation is still needed, and despite the wide-ranging diversity of prevention interventions, evidence reveals there are a consistent number of key elements necessary for successful programming.



WHAT WORKS 1. Long-term and intensive: As the root causes of GBV are deeply entrenched in social and community structures, long-term and intensive interventions are needed to create lasting change. Genuine social change often takes a number of years and may need to be addressed over generations. Short-term projects are less likely to create such sustainable change.

WHAT WORKS 2. Strong theory of change: Programming should be informed by well-documented evidence and theories of change that address the complexity of individual and social change processes. Interventions that have a clear theory of change can address one or more links in the hypothesized pathway between GBV and proposed solutions.

WHAT WORKS 3. Gender-transformative: Gender-transformative approaches work to address the specific gendered drivers of GBV. By targeting these drivers, they actively seek to challenge and transform the gendered norms, practices and structures that create gender inequality. These holistic interventions are more effective than those that aim only to impact specific individual behaviours or attitudes.

WHAT WORKS 4. Multi-component and multi-level interventions: It is well documented that multi-component interventions are more effective than stand-alone projects. This is because the causes and contributing factors of GBV occur at multiple levels. Any intervention that addresses GBV needs to work at various levels in order to address both environmental factors and individual factors. In this way, a larger strategy for coordination is essential for promoting more effective interventions. For example, livelihood programmes alone have significantly less impact than interventions that combine economic interventions with gender training.

WHAT WORKS 5. Working across multiple sectors: The various sectors (health, justice, faith etc.) should work together and use diverse strategies to achieve meaningful change within social and political structures and for individuals and communities.

WHAT WORKS 6. Engages both men and women: Group- or relationship-level interventions that engage both genders allow for unique opportunities to challenge gender inequalities and power dynamics between men and women. There is currently emerging evidence that interventions working with both genders are more effective than single-sex interventions. Rather than distinct interventions that target women's empowerment and men's perpetration, working with both groups together simultaneously or sequentially can better address gender relationships.

WHAT WORKS 7. Tailored to the target audience: Different GBV prevention interventions should be tailored to the needs of various segments of a population. For example, interventions should vary according to the age group they are targeting. Programmes for youth need to address the particular characteristics and risk factors for this demographic. Also, interventions should consider targeting more vulnerable groups of the population and those who are at particularly high risk.

Gender Based Violence in Papua New Guinea

History of PNG's work on addressing gender inequality and GBV

Gender Based Violence data

Progress to date

Why despite significant efforts does GBV remain so prevalent in PNG?

In order to better understand the underlying issues informing the epidemic of GBV in PNG the DfCDR, with technical support from UNDP, commissioned a literature review on GBV in PNG. This was commissioned alongside a mapping exercise which reviewed the work of 147 organizations, and 602 staff working in the field of GBV across 16 provinces.²²

History of PNGs work on addressing gender inequality and GBV²³

Historically, interventions to address violence against women in PNG have been interwoven with global discourse and progress on 'women and development'.²⁴ PNG efforts predate some of the most significant global milestones. PNG pioneered national research and efforts to review and amend laws. Aided by the Law Reform Commission (renamed Constitutional and Law Reform Commission), this work was driven by the National Council of Women as well as responsive past Ministers for Justice.

Ironically, while the global human rights system grew louder, PNG fell behind the rest of the world, even though the demand by women's organizations for justice and accountability of law makers and the justice system grew louder. Pressure to increase global and local accountability obliged governments of the world to conduct research, review and amend laws, develop policies and programmes and to provide adequate budgets for their implementation.

²² Both reports will be made available on the website of the DfCDR by the end of August 2016.

²³ Gender Based Violence in Papua New Guinea – Review of Literature and Intervention: 1975 – 2015; Compiled for the joint Gender Based Violence Programme, led by the Office of Development of Women/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and Civil Society Partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and technical support from the United Nations Development Programme (UNDP) in Papua New Guinea.

²⁴ The approaches referred to include: Women in Development (WID), Women and Development (WAD) and Gender and Development (GAD). See Moser (1993), Elson 1995; Brunch and Frost, 2000.



The Universal Declaration of Human Rights states: 'No one shall be subject to torture or to cruel, inhuman or degrading treatment or punishment.'

This formulation provided a vocabulary for women to define and articulate experiences of violence such as rape... and domestic violence and the plethora of forms of gender-based violence to be understood as violations of the human right, not to be subject to torture or to cruel, inhuman or degrading treatment or punishment. The recognition of such issues as human rights abuses raises the level of expectation about what can and should be done about them. This definition of violence against women in terms of human rights establishes unequivocally that states are responsible for preventing such abuse, and responding comprehensively and without discrimination, when it occurs. It also raises questions about how to hold governments accountable for their indifference in such situations and what sorts of mechanisms are needed to expedite the process of redressing injustice, impunity and state inaction (Bunch and Frost 2000).²⁵

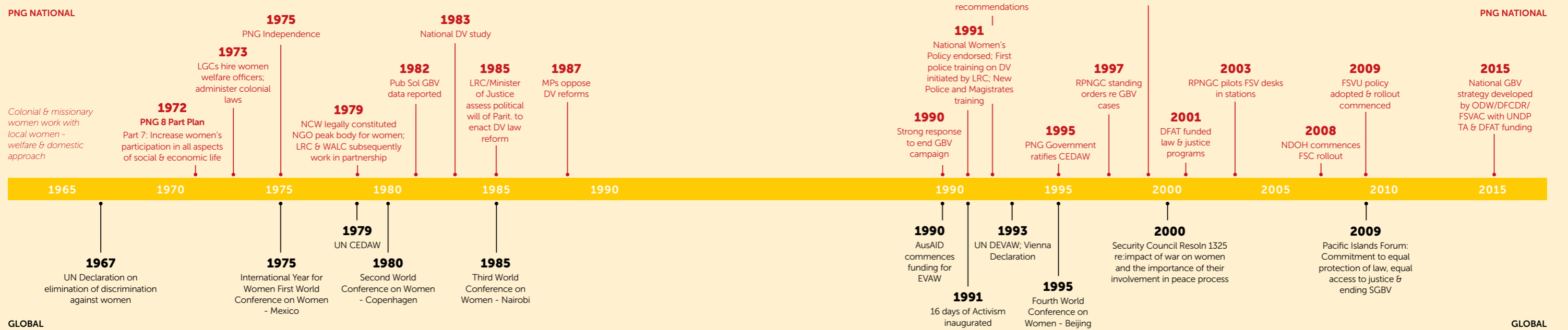
This right is clearly embedded in the PNG Constitution.

Over time, rights-based and gender-responsive approaches have emerged and have proven more effective in awakening state accountability. The global and national

women's movements have used the human rights system to ensure women's access to justice, to demand greater accountability of governments and to amend or develop new laws, to allocate budgets for their implementation, and to work towards ending impunity for crimes of sexual and gender-based violence.

In spite of an early start on work to address domestic violence in PNG (from the early 1980s) it has taken longer for more strategic rights-based and gender-responsive approaches to be accepted in conservative PNG society. The national women's movement has not fulfilled its potential to advocate and lobby for women's rights. The modern state, combined with some enduring aspects of traditional cultures and Christianity, has perpetuated patriarchal beliefs, ideas, attitudes, behaviours and institutions. A large proportion of the population are not well educated, remaining uninformed or misinformed about global change and progress on advancing gender equality, which empowers women to take their rightful place as active and respected citizens, as promised and envisaged in the PNG constitution. The result is that large proportions of the population remain resistant to what they perceive as externally imposed ideas, norms, standards and practices. Human rights and gender equality, for instance, are still rejected and misperceived as Western ideas. In some circles they are seen as radical, subversive, and in conflict with traditional cultures, Melanesian ways and Christian religious doctrine.

The following two graphs present a historical overview of policy, programmes and action to address gender-based violence in PNG over four decades, **from 1975 to 2015**.²⁶



²⁵ Bunch, C. and Frost, S., (2000). Global Women's Issues and Knowledge: Routledge International Encyclopaedia of Women, p3.

²⁶ More detailed information of this history can be found in Gender Based Violence in Papua New Guinea - Review of Literature and Intervention: 1975 - 2015. Compiled for the joint Gender Based Violence Programme, led by the Office of Development of Women/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and Civil Society Partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and technical support from the United Nations Development Programme (UNDP) in Papua New Guinea.

Globally, perspectives and strategies to address the problem of 'violence against women' have evolved to become more comprehensive and inclusive of previously hidden or unrecognized forms of gender-based violence and invisible layers of victims/survivors across the population. The evolution of knowledge and strategy is evident in the changing concepts and terminology used over successive decades of GBV intervention in PNG, as outlined below.

- (i) **In the 1980s:** The issue of social disorder, crime, or law and order first emerged on the public agenda in PNG. The term Violence Against Women (VAW) was used to refer to violence specifically affecting married women or violence within the domestic-family realm.
 - (ii) **Late-1980s to mid-1990s:** The term domestic violence or spousal violence covered 'wife bashing' and 'wife beating' (occurring in marriage and de facto relationships). This approach denoted a focus on women as wives, and girls as potential wives (rather than as girl-child/children). This was later broadened to encompass relationships among younger people, and the reality of girls subjected to violence by boyfriends. The titles and scope of the Law Reform Commission's major reports reflect this focus on domestic violence.²⁷
 - (iii) **Late 1990s:** The term 'family violence' gained favour and currency in PNG. This was at the time of the global trend towards recognizing that violence against women and girls stems from enduring and institutionalized inequality, gender-based discrimination and gendered power relations that are manifest in physical, psychological and economic oppression, control, violence and abuse of women and girls. In PNG, efforts of people working on GBV recognized that much violence against women and girls occurred in the home, against wives, daughters and other female members of the household, and that this includes sexual violence. Attention to the Rights of the Child revealed the extent of physical and sexual abuse of the girl-child and the boy-child, as well as female infants. The decision to use the term 'family violence' over 'gender-based violence' was related to the limited understanding of and resistance to what was perceived as a western and/or feminist terminology. These discussions and decisions took place around the time that the Family Violence Action Committee (FVAC), later amended to Family and Sexual Violence Action Committee (FSVAC), was established.
- During this period, the term 'family and sexual violence' gained currency in PNG. It was deemed inclusive of the whole family – female and male members, but avoided use of the term gender. In recognition of the frequent incidence and many forms of sexual violence committed against women and children the term was changed to Family and Sexual Violence Action Committee (FVSAC). Family and sexual violence did not address violence occurring in the public sphere, with the exception of sexual harassment in public institutions and the workplace.
- A decade or so later, 'family sexual violence' and 'gender-based violence' came into usage. Globally it is widely understood that gender-based violence is inclusive of both Violence Against Women (VAW), and Family Sexual Violence

²⁷ Law Reform Commission, Final Report on Domestic Violence, Report No. 14, (1992).

(FSV). Likewise, the GBV strategy 2015-2050 recognizes that gender-based violence encompasses VAW, FSV and other minority groups such as Most Marginalized Persons (MARPS), or people in same-sex relationships where sexual violence and abuse is directed against them as a result of their gender attributes.

Common forms of gender-based violence include wife-assault, marital or spousal rape, child sexual assault and abuse, commercial and sexual exploitation of children, pack-rape and other forms of coerced sex, or sex without consent.²⁸ Wife-beating and marital rape, also referred to as Intimate Partner Violence (IPV), constitute the most common forms of violence experienced by women in marital relationships. In recent times, violence committed against alleged sorcerers and witches – affecting mostly women – have escalated, especially in the Highlands region.²⁹ These crimes are often dealt with in extra-judicial public trials. Such violence can involve torture and result in stigmatization, rejection, banishment, grievous bodily harm, maiming and murder. Since 2010, beginning with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), reporting by CSOs, such violent crimes, received long-overdue attention from the Government, as well as increasing public demand for an end to impunity.

- (iv) **2001:** Although the 2001 'Family and Sexual Violence in PNG: An Integrated Long-Term Strategy' report was clearly aware of the growing use of the term 'gender-based violence', with its focus on the causal gendered relations of power, a conscious decision was made to retain the term 'family and sexual violence' rather than GBV for 'ease of understanding in the PNG context' (Bradley and Kesno, 2001). An opportunity to encourage a gender analysis of the problem of violence against women and girls was missed, but was taken up by a number of progressive Non-Government Organizations (NGOs) and increasingly by development partners and donors.

It is important to highlight that the literature also suggests engendering violence – a concept that seeks to be inclusive of violence between men (young/older, wealthy/poor), and between women (young/older, wealthy/poor). It also suggests the broader contexts of social, economic, legal changes and political processes that have been, and continue to be gendered (i.e. resulting in prevailing gender inequality in PNG (Jolly, 2012, Zimmer-Tamakoshi, 2012 and Eves, 2011). The term 'engendering violence' is inclusive of violence that occurs in human relationships, in addition to multiple structural contexts, be they economic, cultural, social, or political and the gendered aspects to their impact.

- (v) **2016-2025:** The PNG National Strategy to Prevent and Respond to GBV 2016-2025 and the associated Plan of Implementation consciously adopts the term 'gender-based violence', bringing a gender analysis of the problem to the fore and encouraging gender-aware and gender-sensitive responses to prevention and service provision. Partner and stakeholder consultations across PNG have enabled decision makers, service providers in government, and civil society to understand the strategic value of bringing a gender lens to this work.

²⁸ FSV Strategy, (2009).

²⁹ CSO Shadow report, (2010): Gibbs, (2012).

Gender Based Violence data

Although no prevalence study has been conducted since 1982, available data on incidence of violence from case studies indicates extremely high levels of GBV. National research, sectoral and targeted surveys confirm large numbers of women, children, people with disabilities, and other vulnerable groups are seriously, negatively impacted by this type of violence. The introduction of new technology and social media has increased the reporting of incidences of GBV, leading to wider public discourse.

Since 2001, the national Family Violence Action Committee (FSVAC) has attempted to coordinate provincial and sectoral data collection. Operating as a sectoral programme under the Consultative Implementation and Monitoring Council (CIMC), the FSVAC has experienced ongoing challenges, such as inadequate funding from the Government, and lack of capacity. Donors have provided substantial support. However, a standardized system for data collection, analysis and reporting has yet to be realized.

The data contained in this section has been obtained from a variety of partner CSOs, government agencies, and international bodies. Data presented here is not comprehensive or exhaustive, but two main findings are evident:

The pioneering research by the Law Reform Commission (LRC) on domestic violence³⁰ and data from case studies in several parts of Papua New Guinea put violence against women on the political agenda (though not sufficiently prioritized or financed). Papua New Guinea was once recognized internationally as a pioneer in Family and Sexual violence (FSV)/GBV research. The country's statistics for domestic or spousal violence were alarming. Three decades later, these statistics are still cited widely and used as a benchmark for highlighting the seriousness of GBV in Papua New Guinea. More recent findings from research as well as relevant service or programme-based reports show gender-based violence has reached epidemic proportions, hence requiring a more strategic and coordinated multi-sectoral response from all stakeholders, with government taking leadership.

(i) Some of the current findings show:

- **65.3 per cent** of 200 women surveyed in rural and urban areas in Coastal, Highland and Island provinces in 2009 were survivors of domestic violence, largely confirming Law Commission work done during the 1980s.³¹
- According to the Office of the Public Prosecutor, **62 per cent** of sexual abuse cases in the National Capital District during 2012 involved children.³²
- In Simbu alone, witchcraft accusations result in around **150 cases** of violence and killings each year.³³

³⁰ Papua New Guinea Law Reform Commission, (1992), Final Report on Domestic Violence, Report Number 14, Boroko, Papua New Guinea.

³¹ Ganster-Breidler, M., (2010), Gender-based violence and the impact on women's health and well-being in Papua New Guinea, Contemporary PNG Studies, Vol 13.

³² Minister for Justice and Attorney General, (2013), Second Reading Speech on the Family Protection Bill 2013, Papua New Guinea Parliament.

³³ UN Special Rapporteur, (2013).

The Government of Papua New Guinea has not yet established a comprehensive, standardized national system to coordinate collection and dissemination of official data collected by key government services relevant to GBV.³⁴ A standardized system would also enable collection of useful quantitative and qualitative data from GBV programmes run by CSO and FBO partners. Capacity and funding constraints are two critical issues that the current national GBV Strategy aims to address.

The Papua New Guinea Country Gender Assessment, compiled by the World Bank Group (2012),³⁵ captures succinctly the current situation regarding data:

There is insufficient data collected and collated on FSV in PNG. Health system statistics and in-patient records separate out the various types of accidents and injuries but do not indicate the cause of the violence.³⁶

Similarly, police statistics do not indicate the true extent of violence against women, as only a small proportion of victims report these crimes and many survivors are turned away before a formal report is filed. The lack of consistent and standard data collection and record keeping processes is compounded by the lack of resources, undermining the reliability of the data. The Family and Sexual Violence Action Committee (FSVAC) has chosen to narrow its focus to Family Support Centres and institutionalize the data collection process before rolling it out to other partners.

Most data comes from special studies into the issues. Studies commissioned by the government in the 1980s found that 66 per cent of husbands interviewed said they beat their wives and 67 per cent of wives interviewed said they had been hit.³⁷

More recent studies reveal that 55 per cent of women interviewed had been forced into sex against their will, usually by men known to them, with half of married women saying their husbands used beatings or threats to force them into sex. Another study, which interviewed 415 women from the National Capital District, Western Highlands, Morobe and Western Provinces, found that 58 per cent of those interviewed had suffered physical or emotional abuse in relationships.³⁸

There is a general consensus that lack of official data, along with non-reporting and under-reporting, is a key challenge in addressing GBV in Papua New Guinea. A review of relevant literature suggests the challenge is not lack of data per se, but rather the fact that data on GBV is scattered and/or unpublished. An effective national GBV data management framework requires systematic, coordinated collation, analysis, publication and application. Non-reporting, under-reporting, as well as lack of data-sharing, is widespread.

³⁴ The National Statistical Office has, however, made some attempt to collect data on some aspects of GBV as part of its Household Income and Expenditure Survey (2009–2010). The identification and analysis of this data is being presented as a supplementary report to the upcoming Literature Review Report compiled under the joint government and United Nations Development Programme (UNDP) project, 'Coordinated and sustainable response to Gender Based Violence and Family and Sexual Violence'. Likewise, the Law and Justice sector also provides more recent data, as shown in the same upcoming Literature Review.

³⁵ World Bank, (2014), Papua New Guinea Country Gender Assessment 2011–2012, World Bank, Washington D.C.

³⁶ Eves, R., (2007), Exploring the Role of Men and Masculinities in Papua New Guinea in the 21st Century: How to Address Violence in Ways That Generate Empowerment for Both Men and Women, Caritas Australia, Sydney, p.13.

³⁷ Toft, S. and Bonnell, S., (1985), Marriage and Domestic Violence in Rural Papua New Guinea, Occasional Paper No 18. Port Moresby: Law Reform Commission of Papua New Guinea, pp.55–6, quoted in Papua New Guinea Law Reform Commission, (1992), Final Report on Domestic Violence, Report Number 14, Boroko, Papua New Guinea, p.16.

³⁸ Médecins Sans Frontières (Doctors Without Borders), (2011), Hidden and Neglected: the medical and emotional needs of survivors of family and sexual violence in Papua New Guinea, p. 9, cited in World Bank, (2014), Papua New Guinea Country Gender Assessment 2011–2012, World Bank, Washington D.C., p.17.

The following infographic is based on 12 separate studies that were carried out between 2008 and 2014. They provide information from a particular locality, surveying part of the population, and therefore needs to be understood against this background. However, the combined findings, along with statistics of service providers, do indicate a serious GBV problem in PNG.



Progress to date

- The FSVAC has coordinated the national response to gender-based violence over the last 14 years. The FSVAC has partnered with both international and local NGOs to deliver GBV programmes in various sectors and parts of the country. For more than a decade, the FSVAC has lobbied and advocated for government legislative, policy and procedural reforms in law, justice and health sectors in order to better address the prevention and response to GBV.
- Government agencies that deal with GBV have programmes that specifically address reduction efforts. The National Department of Health (NDOH) is rolling out the Family Support Centres (FSCs); the Royal Papua New Guinea Constabulary (RPNGC) has established 15 Family and Sexual Violence Units (FSVUs) throughout the country; the Office of the Public Prosecutor is initiating a Victim Liaison Officer, which in due time will be placed within the FSVUs; parliament passed the Family Protection Act in 2013; the PNG Sorcery Act has been repealed and the Department of Justice and Attorney General (DJAG) and CIMC have collaborated on a National Action Plan to Address Sorcery Accusation–Related Violence in Papua New Guinea.
- Within the above context, the DJAG is engaging with community justice mechanisms as a possible way to enhance prevention of violence and, more specifically, gender-based violence. This approach is informed by the fifth goal of our National Goals and Directive Principles, which calls for us to achieve development primarily through the use of Papua New Guinean forms of social, political and economic organization. It calls for traditional villages and communities to remain as viable units of Papua New Guinean Society, and for active steps to be taken to improve their cultural, social, economic and ethical quality. Against this background it will be important to strengthen the current work with men and boys to ensure behavioural change, and a framework that also engages women and girls as equal partners within the community justice approach.
- There are other recent positive initiatives and programmes addressing GBV across different sectors. For example, within the Government, key line agencies such as the Department of Personnel Management, and Provincial and Local-Level Government, are starting to implement the new Gender Equity and Social Inclusion (GESI) policy. Six local GBV initiatives that have been successful in achieving long-term sustained change have been captured on the DVD Yumi Kirapim Senis – Community Actions Against Violence (2015).
- Development partners have also been instrumental in supporting programmes and projects that focus on addressing GBV. The strength of the GBV response has been through the work and advocacy of both international and local CSOs. Various organizations have been instrumental in delivering support services for victims, GBV training and advocacy, and improving awareness. Although progress has been made in certain areas, there is still a long way to go. Papua New Guinea's Permanent Representative to the United Nations' statement to the Fifty-Seventh Session of the Commission on the Status of Women acknowledged that Papua New Guinea requires further support in strengthening and systematizing gender in all sectors.³⁹

³⁹ Statement by H.E. Mr. Robert G. Aisi, Permanent Representative of Papua New Guinea to The United Nations at the Fifty-Seventh Session of the Commission of the Status of Women, New York, 11 March 2013.

WHITE RIBBON

My team started some by-laws for ourselves that said,

"...inside the field and outside the field, players would not hit women and people."

We made a promise that team members engaging in wife beating, drinking alcohol or taking drugs before a match would immediately be terminated. We wear white ribbons to publicly make this point.

I am the one most challenged by this promise. During any game when I see my teammates get hit I get angry and start fighting with the other team. But since wearing the white ribbon, I am restrained from being violent and it is now a part of me.

My team members are afraid of breaking the by-laws and that helps them stay out of trouble. Because of this there are a lot of changes happening in homes, the boys cause less trouble, and drink fewer beers. They also try not to drink beer at the market and destroy market stalls or hit women at the market. We remain strong and committed to being good.

JAMES

Thomas, V., Kauli, J. (Eds) (2015) Yumi Kirapim Senis – Our Images, Our Actions: Stories of Change Against Gender-Based Violence in Papua New Guinea. Centre for Social and Creative Media & United Nations Development Programme, Papua New Guinea.



Why despite significant efforts does GBV remain so prevalent in PNG?

As outlined above, the PNG Government, civil society, and the international community has invested considerably in addressing GBV over the years. However, violence remains serious and pervasive.

The baseline study⁴⁰ identified a number of challenges, especially in the context of what we know works to prevent GBV. These help to explain why the prevalence of violence remains high despite the concerted efforts of numerous key actors over the past few decades.

The following challenges outlined in this section are not discrete. Rather they are intertwined and impact upon each other. This further points to the need for a nationally coordinated strategy.

The vast majority of gender-based violence interventions focus on awareness-raising

Awareness-raising currently comprises the bulk of all intervention work in Papua New Guinea. Seventy-five out of 147, or about half, of all participating organizations reported performing awareness work and for 76 per cent of them it is their main work. Furthermore, 37 (25 per cent) of participating organizations reported increased awareness of GBV as a key impact of their work. Awareness work is the primary type of intervention for both government organizations and NGOs in PNG. Community Based Organizations (CBOs), on the other hand, are equally as involved in education of Gender Equality and the Empowerment of Women as they are in general awareness-raising.

Awareness-raising is important because it can help to put the issue of GBV on the agenda, and can enable the sharing of information about how survivors can access support services. However, it is only a first step in addressing GBV. The evidence shows that awareness-raising alone is not effective in reducing rates of violence. This is because it does not address the root causes of violence. It does not challenge norms and attitudes that perpetuate gender inequalities. Further, effective prevention takes place at multiple levels: structural- and institutional-level, community-level and individual-level.

Finally, there is no indication that current awareness initiatives are standardized or coordinated. Such work needs to be carefully devised and regulated, as it can serve to promote the very thing it is trying to prevent. In order to decrease inefficiency and repetition in prevention and awareness work across PNG organizations, areas of specialization and comparative advantages of existing organizations need to be

⁴⁰ Painim Aut Na Luksave – Understanding gender-based violence to inform sustainable development, (2016). Compiled for the joint Gender Based Violence Programme, led by the Office of Development of Women/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and Civil Society Partners, with financial support from the Australian Department of Foreign Affairs and Trade (DFAT), and technical support from the United Nations Development Programme (UNDP) in Papua New Guinea. In Print.

identified. In this way, a more effective, complementary and collaborative strategy can be devised. To improve the efficacy of overall GBV prevention, clear goals, resources, legislation, and support needs to be provided to relevant organizations.

Comprehensive services for survivors of violence are lacking

As explained in the previous section, the focus of organizations and service providers in PNG tends to be on promoting awareness rather than on providing needed services. This is true of government and NGOs, as well as CBOs and FBOs, who have become more active in addressing GBV over the past five-to-ten years.

The main service work reported by participating organizations was 'Receiving Survivors', which was reported by approximately seven per cent of organizations. Counselling and medical responses were the next most common, followed by the provision of safe houses.

Within the top three types of work done by participating organizations, counselling was the most commonly provided service, nominated by more than 30 out of 147 organizations. However, it is of concern how many people working in GBV organizations do not yet have adequate training to provide quality, appropriate counselling. Currently there are a considerable number of untrained or only partially trained people attempting to provide GBV counselling.

There is currently a huge demand for a GBV services across PNG, which is met with a relatively low supply of key response services, as indicated in the data. Support services for survivors of violence continue to be insufficient in quality and quantity in urban areas, and too often non-existent in rural areas. Key services in health, justice, and social services are further under-funded and under-resourced and perform unevenly because effective measures of accountability are absent.⁴¹ Survivors remain in dire need of services, across the entire spectrum, from medical and socio-psychological treatment, to legal, justice, and shelters. By global standards, the availability of appropriate services for survivors of GBV in PNG is considered negligent.

Much work is still needed to build effective provincial responses to GBV. This will fundamentally require an improvement in both quantity and quality of service provision across the board. Considering what we know from global best practice, service provision should be reworked and based on solid evidence. Furthermore, an objective assessment of organizations' comparative advantages will allow for coordination and the allocation of complementary roles and responsibilities to service providers. A coordinated strategy would play an important role in providing a comprehensive and effective system for detection, response, and provision of safety, security and access to justice for all survivors.

⁴¹ UNDP, (2013), Rapid Assessment of Institutional Readiness to Deliver Gender Based Violence and HIV/AIDS in Five Provinces of Papua New Guinea, p.73.

Inaccurate, scattered, and inaccessible data

There are, as presented in the earlier GBV data section, currently a number of issues surrounding GBV data in PNG. There is a lack of up-to-date data, and no national system for compiling and disseminating data. There is also no institutionalized method for the collection of administrative data on GBV, which has meant data collected by police and health centres is inaccurate and unreliable. For example, while the official administrative data reported 130 rapes nationally over the year of 2013, data from the Family Support Centres suggested that the reality was closer to 1500 rapes per province that year.

Compounding the problem of inaccurate, scattered, and inaccessible data, information on GBV is often under-reported or not reported at all.

The number of organizations collecting quantitative and qualitative data from their GBV work varies based on organization type. Proportionately more government organizations (70 per cent) collect quantitative data than other organization types, followed by 60 per cent of participating NGOs. The organization types that most frequently collected qualitative data were NGOs (49 per cent), FBOs (47 per cent), and then government organizations (46 per cent).

I pledge to commit my effort to **disseminate information on GBV Programmes** and support this work as much as possible.

GITA ELLIOT
Mayor of Alotau LLG

Apart from qualitative and quantitative data collection, the collection and dissemination of case studies is also incredibly important. The preparation of case studies and the sharing of those case studies within and between organizations can be an effective means of sharing lessons learned and identifying effective strategies. However, only 24 per cent of participating organizations indicated that they prepare case studies.

Monitoring and evaluation

The implementation of monitoring and evaluation as a part of all GBV work, in both prevention and response, is essential in tracking and improving intervention outcomes. Monitoring refers to the continuous assessment of an intervention as it is being implemented, in order to collect information and make any improvements necessary. Evaluation, often done mid-way and at the end of a project, examines the effectiveness, impacts, and outcomes of an intervention. Together, monitoring and evaluation provide a basis for measuring the success of GBV interventions, and any lessons to be learnt. Monitoring and evaluation needs to be institutionalized, as part of the data collection system in PNG, to ensure interventions are effective and moving forward.

Data/knowledge coordination and sharing

The PNG Government is yet to establish a comprehensive standardized system for reporting, data collection, and analysis. If data was standardized and systematically collected by agencies, and compiled into a reliable national collection, then the spread, types, incidence and severity of GBV could be better understood. The baseline mapping indicated that many participating organizations reported a willingness to share knowledge about interventions, as well as other data resources.

Human resource challenges for GBV organizations

Organizations participating in the baseline mapping provided detailed information on up to eight of their organization's staff. Sixty-two per cent of the GBV workers in participating organizations are female and just over half of them are paid. Thirty-eight per cent of GBV workers in participating organizations are male and, again, just over half of them are paid. These results show that more than 45 per cent of workers in the field of GBV are not paid for their work in any way.

While this high incidence of unpaid workers is not an unexpected finding, it warrants serious attention. It is important to ensure that the unpaid workforce is sufficiently motivated, trained, knowledgeable and performing well, and is not subjected to hardship and risk, without due recognition and support. The huge unpaid GBV workforce raises concerns about the capacity and sustainability of staffing.

Organizations need technical capacity-building

While there is plenty of training available, particularly in the health, law and justice sectors, GBV training in PNG is not necessarily systematic, planned or equitable. The type and quality of training varies across organizations, which becomes problematic when dealing with issues as sensitive as GBV. Too many people have no training or are seeking information online, which is a serious potential ethical and safety risk.

Organizations working on GBV in PNG require technical capacity-building to improve their fundamental capabilities in both operation and interventions.

The baseline mapping identified four main areas in which participating organizations want to build their capacity:

1. Foundation Training in Gender Equality and the Empowerment of Women (GEEW), Human Resources (HR) and Ending Gender Based Violence (EGBV) reported by 84 organizations
2. Paralegal Training and Services—reported by 44 organizations
3. Counselling—reported by 27 organizations
4. Project design and management, administration, leadership and governance—reported by 22 organizations

The baseline mapping sought to identify what capacity development organizations need in order to make their GBV work more effective, and to identify what resources may already exist to help meet these needs.

It is noteworthy that some areas of capacity development that were high in demand were also listed by several organizations as areas in which they can assist or provide. This is the case regarding Foundation GEEW/Human Rights/EGBV Training, Paralegal Training and Counselling. On the other hand, other areas of capacity development were high in demand, but few organizations felt able to offer assistance. Chief among these is Project Design and Management, Administration, Leadership and Governance. These areas will likely require the use of outside expertise through channels such as the Government, donors or NGOs.

This information can be used to develop cost and time efficient, national and provincial plans for capacity development through training and more systematic knowledge building and sharing.

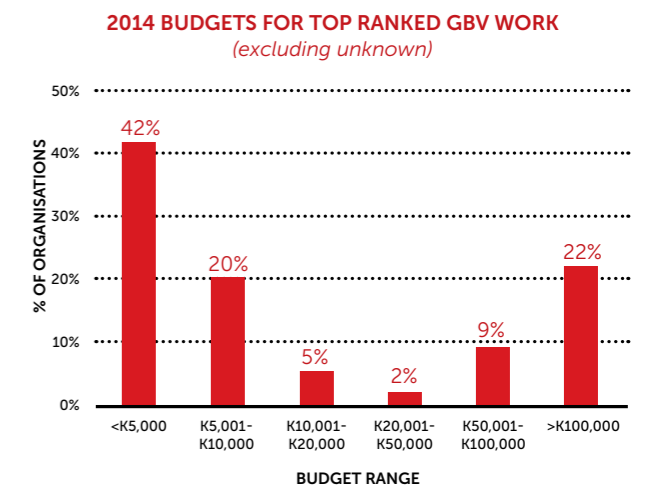
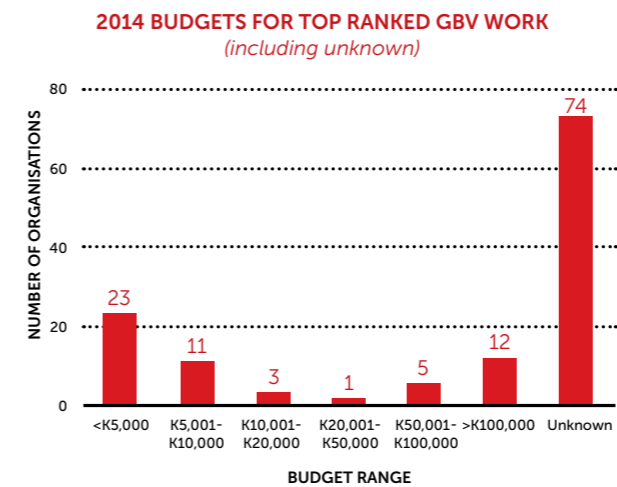
Lack of adequate and secure funding

Participating organizations were asked to provide information on:

- The source of funding for each of their three main areas of GBV work and intervention;
- The actual annual budget for 2014;
- Whether future funding was secured; and
- The proposed 2015 budget.

Over 40 per cent had a budget of less than PGK5,000 with which to work, and around 21 per cent had a budget of over PGK100,000.

The inescapable conclusion from the data presented in this table is that there is little and inadequate funding available for GBV work.



THE EXTREMES OF FUNDING: AWARENESS AND COUNSELLING

GBV awareness work is supported mainly with annual budgets of PGK5,000-PGK10,000. Only three organizations reported 2014 budgets for their main activities in this field in the range of PGK10,000-K100,000 and only one over PGK100,000.

Counselling work is funded at a higher level. Despite only nine organizations nominating this as their main intervention, three organizations reported budgets ranging from PGK10,000-PGK100,000 and four over PGK100,000.

Funding is unknown

The very high percentage (74 per cent) of organizations that either did not know, or did not report the budget allocated to their main GBV work, is cause for concern.

This was across the board: 67 per cent of the participating government organizations which nominated a main GBV intervention did not know or did not report their budget for that work. Forty-seven per cent of NGOs which had nominated a main GBV intervention did not know or did not report their budget. Sixty per cent of faith-based organizations which had nominated a main GBV intervention did not know or did not report their budget. Forty-five per cent of community-based organizations which had nominated a main GBV intervention did not know or did not report their budget.

It suggests many of the organizations working on GBV, who receive funding for GBV activities mainly from large donor organizations, depend on top-down financing and have little idea about the way their budget is formulated for (and spent on) their GBV initiatives.

It also suggests that NGOs, FBOs and CBOs may need assistance with strategic planning and budgeting. In workshops, few representatives from these organizations gave the impression they were on top of the budgeting of GBV activities in their organization.

Security of future funding is lacking

A further measure of an organization's ability to plan ahead is the level of security felt with regard to current and future budgets.

Slightly less than one fifth of community-based organizations and NGOs indicated that their future budget for their main GBV intervention was secure. For faith-based organizations and government organizations slightly more than a quarter were able to indicate security of their future budget.

Twenty-two per cent of participating organizations reported 'accessing funds' as their single biggest challenge. Only six out of 27 believe they could solve this problem themselves. Six believe they cannot. More than half were not sure.

The evidence clearly demonstrates that effective violence prevention and response requires long-term, multi-component and comprehensive approaches. The lack of adequate and secure funding for GBV work is very concerning and clearly contributes to the low rates of success in reducing violence.

A lack of multi-sectoral coordination

When we summarize the main work of all participating organizations by sector, taking into account the ranking of their first, second and third main areas of GBV work, we can see which sectors are most active and in what areas.

Women's organizations (in the Women's sector) are currently the most involved in GBV work. Their main work is GBV awareness, but they are also significantly involved in advocacy on women's rights and in counselling. Participating organizations in the Law and Justice sector work mostly and equally across the three main response areas: receiving victims, reporting cases to police, and supporting survivors through court cases. Participating organizations in the Health sector work mostly on awareness, then medical treatment, followed by counselling.

The Community Development sector (government and NGOs) works mainly on awareness. A few offer counselling (only four) and four each also do advocacy work on women's rights and education on Gender Equality and the Empowerment of Women. Faith-based organizations are becoming increasingly involved and active and their main work is awareness, followed by primary preventions and campaigns.

Low levels of participation in provincial FSVACs and in the provincial GBV baseline data collection and mapping exercise reveal the Education sector to be largely uninvolved in GBV prevention or response. Participating organizations in the Welfare sector currently do very little work in GBV overall.

Organizations in Sport and Public Service sectors (outside of Law and Justice, Health and Welfare) are mostly uninvolved in GBV prevention or response. Further, very few private sector organizations are involved, or at least their contributions are not very evident through the collective work ongoing in provinces. Currently very few organizations in the Youth or Men's sector are active in GBV response.

Multi-sectoral coordination is beginning to emerge, although it is still far from satisfactory. For example, referral pathways are still weak in areas where some effort in service delivery is made. Such services (referral pathways) are not available in most parts of the country.

This lack of multi-sectoral coordination is contributing to ad-hoc and disparate GBV work that has limited impact.



Policy and Legal Commitments

International Commitments

Regional Commitments

National Commitments

National Laws

International Commitments

Papua New Guinea has demonstrated commitment to addressing Gender Based Violence through signing various global, regional and national commitments. Treaty obligations must be translated into laws, policies and plans of action for implementation. These steps will progress Papua New Guinea's achievement of national development goals and aspirations and will enable reporting to the United Nations on progress in achieving international norms and standards on human rights and gender equality.

The Papua New Guinea National Strategy on Gender Based Violence is aligned with the following high-level international and regional commitments:

United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

The 1993 Declaration on the Elimination of Violence Against Women, adopted by the UN General Assembly calls upon states to consider the possibility of developing national plans of action to promote the protection of women against all forms of violence. Or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-governmental organizations, particularly those concerned with the issue of violence (Article 4(e)).

Papua New Guinea ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995. By ratifying CEDAW, PNG has made a commitment to ensure that the principles for equality are adhered to and that discriminatory practices are abolished. Upon ratifying CEDAW, states agree to take appropriate measures to assist women.

The Beijing Platform for Action

The Beijing Platform for Action adopted by the Fourth World Conference on Women in 1995, urges governments to formulate and implement at all appropriate levels, plans of action to eliminate violence against women and to promote their protection.

United Nations Convention on the Rights of the Child (1989)

Papua New Guinea ratified the Convention on the Rights of the Child in 1993. Article 19 requires states to,

take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

UN Convention on the Rights of People with Disabilities (2008)

Women with disabilities are at a higher risk of experiencing violence from their partners, families and caregivers. Article 16 of the UN Convention on the Rights of Peoples with Disabilities upholds the rights of people with disabilities to live free from exploitation, violence and abuse.

UN Declaration on the Elimination of Violence against Women (1993)

Violence against women is defined by the UN Declaration on the Elimination of Violence against Women, adopted by the General Assembly on 20 December 1993 as,

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

It is a form of gender-based violence and includes sexual violence.

UN Security Council Resolution 1325

This Security Council Resolution is the first to link women to the peace and security agenda. It addresses the impact of war on women and their contribution to conflict resolution and sustainable peace. A number of related UNSCRs have been adopted to strengthen the different aspects of the women, peace and security agenda. For example, the UNSCR 1820 recognizes conflict-related sexual violence as a matter of international peace and security, requiring peace-keeping, justice, and peace negotiation responses. These Security Council resolutions are relevant to certain areas of our country, e.g. Autonomous Region of Bougainville and some parts of the Highlands. Along with UNSCR1888, UNSCR 1325 focuses on the Prevention of and Response to Conflict-Related Sexual Violence.

Sustainable Development Goals (2015 – 2030)

Agreed by the 193 Member States of the UN, the proposed Agenda, entitled 'Transforming Our World: 2030 Agenda for Sustainable Development', consists of a Declaration, 17 Sustainable Development Goals (SDGs) and 169 targets, a section on means of implementation and renewed global partnership, and a framework for review and follow-up.

The agenda is unique in that it calls for action from all countries, poor, rich and middle-income. It recognizes that ending poverty must go hand-in-hand with a plan that builds economic growth and addresses a range of social needs, including education, health, social protection, and job opportunities, while addressing climate change and environmental protection. It also covers issues such as inequality, infrastructure, energy, consumption, biodiversity, oceans and industrialization.

SDG Goal Five deals with Gender Equality, and specifically calls for the elimination of all forms of violence against all women and girls in the public and private spheres, including trafficking, as well as sexual and other types of exploitation. However, reference to addressing GBV and VAW also get a mention in other Goals, which relate to 'safety' and the underlying causes of GBV and VAW.

Regional Commitments

Revised Pacific Platform for Action on the Advancement of Women and Gender Equality 2005-2015

Pacific Ministers responsible for Women's Affairs adopted this plan of action in 2004. Under the revised plan of action, Pacific governments are urged to address violence through policy, legislation, and programmes, and formulate policies and supportive legislation to criminalize any form of violence against women.

The Pacific Leaders' Gender Equality Declaration

In August 2012, Pacific leaders committed their governments to implement specific national policy actions to progress gender equality in the areas of gender-responsive government programmes and policies, decision making, economic empowerment, ending violence against women, health and education. Specific to ending violence against women, the Pacific leaders committed their governments to progressively implementing services (protection, health, counselling, legal) for women and girls who are survivors of violence.

National Commitments

The Government of Papua New Guinea has committed itself to addressing GBV through its major development strategy and planning documents. The National Strategy to Prevent and Respond to Gender Based Violence is based on the following key government documents:

National Goals and Directive Principles

The Strategy is informed by Papua New Guinea's Constitution, in particular, Goal One, Integral Human Development, and Goal Two, Equality and Participation. These two goals form the foundation and inspire the direction of this Strategy.

Papua New Guinea Vision 2050

Papua New Guinea Vision 2050 has been designed to direct the work of Papua New Guineans towards becoming a Smart, Wise, Fair, Healthy and Happy Nation. Pillar One of Vision 2050 recognizes the 'huge imbalance and inequity in our society, mostly in favour of the male gender, which marginalises the equitable participation of females in all walks of life' (p.53). The PNG Medium-Term Development Plan targets zero tolerance to GBV by 2030.

Papua New Guinea Development Strategic Plan (PNGDSP) 2010-2030

The Papua New Guinea Development Strategic Plan is the long-term action plan for achieving the objectives of Papua New Guinea Vision 2050. Gender is given strategic significance under Part Six (Cross-Cutting Policies), together with other interrelated areas. These areas include population, youth, and HIV/AIDS, as well as vulnerable and disadvantaged populations. The Plan strongly promotes equality for all citizens including gender equality, and equal opportunities to participate in, and benefit from development. Strategic focal areas include gender empowerment; addressing violence against women and children (family violence); and equal access to literacy, higher education, and paid employment.

The need to increase capacity and effectiveness of enforcing agencies and institutions to protect the victims and survivors of GBV is recognized by the PNGSDP.

National Policy for Women and Gender Equality 2011-2015

The National Policy for Women and Gender Equality identifies gender-based violence as the first priority action area. The policy identifies eight strategies for implementation. The eight strategies aim to create an enabling environment within which GBV can be addressed.

Government of Papua New Guinea Public Service Gender Equality and Social Inclusion Policy (GESI) 2013

The GESI policy promotes equity and inclusiveness in the public sector. It encourages respect regardless of gender. This policy aims to improve awareness among public servants on the amendments to Public Service General Order 20. It also advocates for improvements in public service human resource policies and practices to support gender equity and social inclusion throughout the Government.⁴²

Papua New Guinea National Security Policy 2013

The Papua New Guinea National Security Policy 2013 identifies GBV as a key concern for internal security in PNG. The policy recognizes the structural inequalities that underpin gender-based violence in the Papua New Guinea context.

Gender Equity in Education Policy (2002) (Reprinted 2009)

This policy makes a commitment to creating a learning environment free from all forms of violence and sexual harassment.

National Health Plan 2010-2020

The National Health Plan recognizes the need to improve the health sector response to prevention of injuries, trauma and violence that impact families and community. Strategy 7.1.2 of the National Health Plan aims to increase the roll out of Family Support Centres across the country.

The Papua New Guinea National HIV and AIDs Strategy 2011-2015

The National HIV and AIDs Strategy recognizes GBV as a major factor in HIV vulnerability. The HIV response in Papua New Guinea includes a framework and guidelines for mainstreaming gender issues into design, planning, implementation, and monitoring and evaluation.

Papua New Guinea National Youth Policy 2007-2017

Goal Four (promoting healthy lifestyles) of the National Youth Policy acknowledges that young people need to be protected from all forms of violence and sexual abuse.

Papua New Guinea Child Health Policy and Plan 2009-2020

This policy makes several references to domestic violence. It states that,

Domestic violence against mothers and physical and sexual abuse against children destroys families and destroys the psychological, emotional, spiritual and physical developments that are necessary in childhood and adolescence. It is the responsibility of everyone to speak out against such violence, and to build communities and families in which such violence is unacceptable. Health workers, teachers, community groups and neighbours need to identify and report child abuse and domestic violence (p.76).

Papua New Guinea National Policy on Social Protection 2015-2020

Women and girls, including victims of GBV, must be recognized as vulnerable and disadvantaged groups, requiring full protection and adequate assistance from government and society at large to improve their health, livelihood and wellbeing.

⁴²This policy's key focus implementation area urges government employees to take action towards the theme areas of women's equality and access to resources and opportunity, progression to leadership and decision making roles, and prevention and response to workplace sexual harassment and domestic violence.

Papua New Guinea National Policy on Lukautim Pikinini (Child Protection) Policy 2015-2020

This policy calls for protection and promotion of the best interests of a child, including a child with special needs. The best interests of the child are strongly correlated with protection of women and girls against all forms of violence and discriminations, and in particular violence against girls and boys (children).

Papua New Guinea National Policy on Disability 2015-2025

This policy addresses the needs of different classes of persons with disabilities, including the needs of women and girls with different classes of disabilities, in accessing services and development opportunities as equal citizens. It calls for promotion and protection of rights and development needs of women and girls with disabilities as equal citizens.

National Persons and Civil Registration Policy 2013-2018

The policy promotes the rights to identity and nationality of all citizens, including for women and girls, amongst other disadvantaged and vulnerable groups. This move towards recognizing the civil status of women and girls is vital in the planning and administration of women- and gender-sensitive programmes and services in Papua New Guinea.

National Population Policy 2015

Women and girls make up a significant 56 per cent of the PNG national population. Women and girls are central to the population growth of PNG. Therefore, women and girls are primary recipients of vital population services, especially in health, education, employment and infrastructures.

National Laws

The following legislations inform the Strategy:

The National Constitution

The Strategy is informed by Papua New Guinea's Constitution, in particular, Goal One, Integrated Human Development, and Goal Two, Equality and Participation. These two goals form the foundation and inspire the direction of the Strategy.

The Family Protection Act 2013

The Family Protection Act criminalizes domestic violence and seeks to prevent and deter violence by ensuring that there is adequate legal protection for victims of domestic violence.

It must be understood that the inclusion of the offence is primarily to allow the victim to have immediate protection from the perpetrator, who is a family member, and be issued an Interim Protection Order.

Adultery and Enticement Act (1988)

An act of adultery is committed where a spouse engages in voluntary sexual intercourse with a person other than his/her spouse. Where the prime element is that of sexual intercourse, it has been interpreted to be a sexual offence.

Village Courts Act

The Act addresses offences relating to fights or violence directed at a person and the property of a person. The Act enables Village Courts to issue IPOs, which make them an important agent in the dispensing of justice addressing family sexual violence at the community-level.

The HIV/AIDS Management and Prevention Act (2003)

The Act provides protection from harassment, discrimination and intimidation for persons living with HIV and AIDS.

According to section 340 of the Criminal Code Act 1974 the intentional transmission or attempted transmission of HIV to another person is an assault or attempted assault, dependent on the case in question, occasioning bodily harm; and where death has occurred, it is an act of unlawful killing, in accordance with section 298.

This means that where the offender is fully aware that he/she is infected with the HIV virus and intentionally tries to transmit or does transmit the virus to the victim, either by sexual intercourse or transmission of blood or bodily fluids (e.g. oral sex), he/she is to be charged with assault. If death has occurred, he/she is to be charged with homicide, as per sections 340 and 298 of the Criminal Code.

Lukautim Pikinini Act 2015

The Lukautim Pikinini Act 2015 is based on the United Nations Convention on the Rights of a Child. It extends protection to all children, including those sexually and physically exploited, children affected by conflicts, children with disabilities, and those infected/affected by HIV/AIDS. It guarantees protection of rights and respect for dignity of all children; in particular child in need of protection and children with special needs.

Criminal Code (2002 – Amendments to the Criminal code on Crimes against Children and rape)

Several provisions of the criminal code relate specifically to GBV, including child sexual assault, definitions of rape and the criminalization of marital rape. For example, the

Criminal Code (Sexual Offences and Crimes against Children) Act of 2002 introduced a series of new offences to the Criminal Code extending the scope of sexual offences. The offences are graded according to the seriousness of the harm and incorporate the ways in which women are sexually violated. Tougher sentences were introduced, the marital immunity that had previously protected husbands from a charge of rape was removed, and the requirement for corroboration was removed.

Maintenance Order Enforcement Act 1970

This legislation makes provision for maintenance orders to be enforced for the benefit of a deserted or neglected wife, husband or child.



Strategic Framework for Preventing and Responding to Gender Based Violence

Introduction

Summary of the Strategy

Targets and Indicators

Objectives

The Strategy in Detail

Introduction

The Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence (2015-2050) adopts a rights-based approach. It is inclusive and takes into account all forms of violence committed on the basis of gender. It builds on both the Integrated Long-Term Strategy and the Ending Violence Against Women Action Plan 2009-2013.⁴³ These focused mainly on both male violence towards women and children within families, and male sexual violence towards women and children within communities.

The aim is for this strategy to be streamlined across all sectors and actors so as to ensure a coordinated rollout of strategic interventions which will lead to the prevention of GBV and support quality services for survivors of violence. Continuous sharing of knowledge based on experiences, reflections, and data collection and analysis, both within and outside Papua New Guinea will help us to achieve our shared aim: zero tolerance to GBV.

The Strategy is a building block and a first concrete step in harmonizing a national approach. Therefore, many outputs and targets within the Strategy have a process focus. This will ensure that the systems and structures created are robust, function efficiently and can effectively coordinate a national response. Annual reviews of the Strategy can then further contribute to the formulation of additional impact targets.

The Strategy's content is informed by an analysis of both global GBV work and the realities of GBV commitments and work in PNG. The aim of the Strategy is to respond to local realities whilst recognizing best practices identified around the world. The development of the Strategy also speaks to the requirements under the Sustainable Development Goals. We know that only through addressing GBV and VAW will we be able to positively influence other key SDGs. Examples of this are presented in Annex 3.

⁴³Bradley, C. and Kesno, J., (2001), Family and Sexual Violence in PNG: An integrated Long-term Strategy, Report to the Family Violence Action Committee of the Consultative Implementation and Monitoring Council, Discussion Paper No.84; Ending Violence Against Women Action Plan 2008-2012 (Draft strategy); Siebert, S. and Garap, S., (2009), Ending Family and Sexual Violence in Papua New Guinea: A Review of the National Strategy and Recommendations. Funded by Sanap Wantaim Program, AusAID.

Based on a number of key principles, the Strategy:

- i. Recognizes that human rights are central to the Strategy;
- ii. Involves a multi-sectoral response;
- iii. Is sensitive to the needs of different groups such as children, young people, people who face physical and/or mental challenges, and key affected populations – no one is left behind;
- iv. Recognizes the importance of families;
- v. Recognizes and respects diversity and differences;
- vi. Acknowledges spiritual affiliations;
- vii. Values and builds on community participation;
- viii. Uses positive messages to support the aims of the Strategy, to reduce discrimination, and to promote peace and security;
- ix. Commits to confidentiality;
- x. Encourages and facilitates building and sharing of appropriate knowledge in an agreed manner.

I pledge to **advocate against GBV** at work, home and community as long as I live.

SEDRIC NOEL

Division of Commerce and Mines

Summary of the Strategy

Vision

An inclusive, peaceful society where the Government, in partnership with its citizens, embraces diversity, equality and equity, recognizes, respects and promotes the rights of all citizens, and secures just and sustainable development for all.

Mission

The Government of Papua New Guinea, in partnership with all its key stakeholders, will prioritize prevention of, and response to Gender Based Violence to enable a quality of life without fear of violence.

Objective 1.

To ensure that by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV, aligned with the PNG Development Plan, Papua New Guinea Vision 2050, and with the Sustainable Development Goals 2016-2030.

Objective 2.

To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence.

Objective 3.

To ensure quality, continuity and sustainability of coordinated responses, referrals and service delivery for survivors of gender-based violence.

Objective 4.

To scale-up, decentralize, and standardize inclusive, quality initiatives and messaging for prevention of gender-based violence at all levels and in all sectors of society.

Objectives

1
ONE

To ensure that by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV, aligned with the PNG Development Plan, Papua New Guinea Vision 2050, and with the Sustainable Development Goals 2016-2030.

STRATEGY: Improve governance and institutional framework, policy and regulatory framework, finance and infrastructure, planning and administration for national gender-based violence interventions.

Output 1.1: The Office of Development for Women, as the national women's machinery, is capacitated to lead, coordinate and monitor the implementation of the National Strategy to Prevent and Respond to GBV (2016-2025).

Output 1.2: High-level coordination and accountability, to enhance multi-sectoral GBV prevention and strengthen quality services for survivors, is secured through the effective work of the National GBV Secretariat, Ministerial GBV Committee, and National GBV Advisory Committee.

Output 1.3: Provincial and District GBV Action Committees are strengthened to support effective coordination in promoting prevention and providing quality GBV responses at the sub-national-levels.

Output 1.4: The provincial GBVAC Secretariats and District GBVAC Focal Points are established and operational to support coordinated and long-term quality delivery of interventions and prevention, with the support of both the Provincial and District Administrations.

Output 1.5: Funding for effective and sustained interventions by government and non-government stakeholders, needed to achieve transformational change, is secured through existing and new funding mechanisms.

2
TWO

To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence and contribute to national and international reporting commitments.

STRATEGY: Improve collection, analysis and use of data and research to enhance Gender Based Violence prevention and response efforts.

Output 2.1: GBV research is identified and integrated within the funded national research plan through an operational Research Advisory Committee.

Output 2.2: Knowledge management and sharing is enhanced through the establishment of an effective National Research Network linking together researchers working on GBV across the nation, the region and the globe.

Output 2.3: A National Gender Based Violence database is established and operational to ensure coordinated and holistic evidence-based planning.

Output 2.4: Evidence-based planning, learning and accountability is assured through an inclusive GBV Monitoring and Evaluation Framework, which captures risks, opportunities, mitigation strategies and lessons learned, informing the work of all stakeholders.

3
THREE

To ensure quality, continuity and sustainability of coordinated responses, referrals and service delivery for survivors of gender-based violence.

STRATEGY: Improve quality and effective processes, procedures and services to prevent GBV and support survivors of gender-based violence.

Output 3.1: Capacity development plan for quality services is developed and implemented to enhance quality services for survivors and perpetrators.

Output 3.2: A National Gender Based Violence Secretariat has endorsed short-term (three year), and mid-term (five year) plans of action and budgets to facilitate coordinated and sustained quality interventions across departments and other stakeholders.

Output 3.3: Provincial GBV Action Committee Secretariats (PGBVACS) and District GBV Focal Points (DGBVAC-FP) have endorsed short-term (three year), and mid-term (five year) plans of action and budgets to ensure coordinated and sustained interventions at community-level.

Output 3.4: Survivors of Gender Based Violence and their dependents are supported in their reintegration through effective social and economic empowerment interventions.

Output 3.5: GBV stakeholders and partners efficiently share knowledge to inform effective interventions and avoid duplication.

4
FOUR

To scale-up, decentralize, and standardize inclusive, quality initiatives and messaging for prevention of gender-based violence at all levels and in all sectors of society to influence behavioural change required to achieve zero tolerance towards GBV.

STRATEGY: Improve prevention and advocacy interventions for reducing gender-based violence at all levels and in all sectors of society.

Output 4.1: Coordinated prevention and advocacy plan designed to support an effective behavioural change campaign, based on best practices and informed by local realities.

Output 4.2: Gender Based Violence prevention and advocacy materials are developed and informed by appropriate evidence-based analysis and new communication mediums to increase effectiveness of messages to instigate and sustain behavioural change.

Output 4.3: Human Rights Defenders (HRDs) and Community Volunteers are capacitated to effectively advance GBV prevention in their communities through championing behavioural change.

Key Targets and Indicators

Objective 1: To ensure that by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV, aligned with the PNG Development Plan, Papua New Guinea Vision 2050, and with the Sustainable Development Goals 2016-2030.

Baseline: 1 National FSVAC, 22 FSVAC, 4 Provincial FSVAC Secretariats (National Capital District, CD, Milne Bay, Morobe, East New Britain), ODW, 22 community development divisions.

Output 1.1: The Office for the Development of Women (ODW), as the national women's machinery, is capacitated to lead, coordinate and monitor the implementation of the National Strategy to Prevent and Respond to Gender Based Violence (2016-2025).

Targets 1.1: ODW has self-accounting status (2017), ODW has a coordinated annual National GBV plan of action, and a budget (2017) reflecting commitment by all relevant departments and stakeholders to address GBV as per their respective mandates and responsibilities.

Key indicators⁴⁴ 1.1: Annual budgets of relevant national and sub-national entities include GBV budget allocation as per plans (2018–2025), % of annual submitted budgets secured, % of annual allocated budgets implemented as per plan, the Department for Personnel Management (DPM) directive endorsing structure for ODW and Secretariat. Capacity-building plan.

Output 1.2: High-level coordination and accountability, to enhance multi-sectoral GBV prevention and strengthen quality services for survivors, is secured through the effective work of the National GBV Secretariat, Ministerial GBV Committee, and National GBV Advisory Committee.

Targets 1.2: National GBV Secretariat (2016), Ministerial GBV Committee (2016), National GBV Advisory Committee (2016) are established and operational, staff capacity enhanced to support GBV work (2016–2017) as per Terms of Reference (TORs), corporate communication strategy developed and utilized to increase visibility of the Strategy, the role of all stakeholders, and enhanced accountability by all. Legislations and policies in place to enhance the prevention of GBV and support to GBV survivors, 100 % of required government entities, such as FSVUs, FSCs, Legal aid entities in place by 2025.

Key indicators 1.2: Corporate Communication Strategy, Communication Toolkit, TORs of Secretariat staff and Committee members, meeting minutes, capacity assessment (2016), capacity development and learning plan (2016–2025), annual number of new legislations and policies related to the reduction of GBV, annual number of existing legislations and policies reviewed in line with GBV recommendations coming from monitoring, evaluation, and research reports.

Output 1.3: Provincial and District GBV Action Committees are strengthened to support effective coordination in promoting prevention and providing quality GBV responses at the sub-national levels.

Targets 1.3: Coordination protocol endorsed by members of 22 PGBVAC and 60 DGBVAC (2016 – 2020), resulting in more effective service delivery as measured by # of district and provincial GBV cases reported through respective Secretariats and Focal Points.

Key indicators 1.3: Number of annual reported cases captured through the GBV services database at provincial and district levels. % of annual reported GBV cases, per province, that are successfully addressed through the referral pathway and the justice system.

Output 1.4: The provincial GBVAC Secretariats and District GBVAC Focal Points are established and operational to support coordinated and long-term quality delivery of interventions and prevention, with the support of both the Provincial and District Administrations.

Targets 1.4: PGBVAC Sec - 7 by 2016, 12 by 2018, 16 by 2019, 22 by 2020. DGBVAC FP - 21 by 2018, 35 by 2019, 45 by 2020, 60⁴⁵ by 2021. DPM directive for creation of positions in the provinces and districts (2016). # of successful preventive measures reported annually by HRDs and community volunteers through their respective DGBVAC FP and PGBVAC Secretariats.

Key indicators 1.4: Monthly reports from the Secretariats and Focal Points with expenditures, GBV monitoring and evaluation reports with clear recommendations, % of annual reported GBV cases, per province, that are successfully addressed through the referral pathway and the justice system, # of annual reported cases captured through the GBV services database at provincial and district levels.

Output 1.5: Funding for effective and sustained interventions by government and non-government stakeholders, needed to achieve transformational change, is secured through existing and new funding mechanisms.

Targets 1.5: ODW, supported by the National GBV Secretariat, coordinates and submits a yearly GBV coordinated budget, informed by annual GBV budgets from all relevant stakeholders at national and sub-national levels. Coordinated GBV budget to implement the National Plan increased by 20% (2018), 40% (2021), 60% (2025). National Trust Fund established and operational (2018–2019), 22 million PGK (2020), 46 million PGK (2025). By 2025 absolute increase of funding positively correlates with higher GBV reporting rates and increased prevention of GBV.

Key indicators 1.5: Yearly GBV budgets submitted by national and sub-national entities and coordinated by ODW, with the assistance of the National GBV Secretariat. Absolute number of organizations and entities that are effectively funded to support the roll out of GBV interventions. % of allocated funding allocated as per plans and budgets. Absolute # of non-government entities, per category of interventions, per geographical coverage, successfully securing funding from the National Trust Fund, % of GBV funding allocated to non-government entities, % of receiving entities with positive impact assessment as per monitoring and evaluation reports, measured across two-year intervals, the National Trust Fund's yearly selection, financial and monitoring and evaluation reports.

Objective 2: To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support increased evidence-based planning, budgeting and programming to end gender-based violence, and contribute to national and international reporting commitments.

Baseline: 4 GBV pilot services database (Morobe, National Capital District, East New Britain, Milne Bay), FSC database, FSVU database, Welfare Service database, Baseline survey 2014.

Output 2.1: GBV research is identified and integrated within the funded national research plan through an operational Research Advisory Committee.

Targets 2.1: Research Advisory Committee established and operational (2017), National GBV research gap analysis conducted (2017, 2020, 2023), National GBV research plan developed with full budget allocation, budget allocation to research, GBV communication and knowledge management plan developed and integrated within national research plan.

Key indicators 2.1: % of research reports' recommendations reflected in relevant national and sub-national GBV plans and budgets.

Output 2.2: Knowledge management and sharing is enhanced through the establishment of an effective National Research Network linking together researchers working on GBV across the nation, the region and the globe.

Targets 2.2: Research Network, facilitated through the National Research Institute (NRI) Gender Unit, is effective and results in 4 high-level National GBV (2018, 2020, 2022, 2024) conferences, effective exchanges with reputable international research entities, establishment of pool of specialized researchers, scholarships for MA and PhD students on issues related to GBV, GBV communication and knowledge management plan developed and reflected within national research plan.

Key indicators 2.2: Absolute # of yearly scholarships secured for PNG students working on GBV related issues per sex. GBV communication and knowledge management plan, agenda, attendance, and recommendations emerge from the national GBV conferences. % of recommendations reflected in GBV plans and budgets, # of specialized researchers, # of national publications on GBV, # of international publications on GBV by PNG specialists, yearly # of GBV forums organized through NRI Gender Unit.

Output 2.3: A National Gender Based Violence database is established and operational to ensure coordinated and holistic evidence-based planning.

Targets 2.3: 1 National GBV coordinated database (2021), 22 provincial services data base (2019), 60 district services database (2020), prevalence study (2024), yearly national GBV database report presented in parliament and at the UN Commission for the Status of Women.

Key indicators 2.3: Yearly GBV database reports, yearly provincial and district GBV database reports, % of recommendations following from the GBV database reports reflected in annual plans and budgets across all sections and levels of government.

Output 2.4: Evidence-based planning, learning and accountability is assured through an inclusive GBV Monitoring and Evaluation Framework which captures risks, opportunities, mitigation strategies and lessons learned, informing the work of all stakeholders.

Targets 2.4: Development and dissemination of Corporate Communication Strategy supporting accountability and reporting lines for budgets and delivery of planned interventions, 1 National Monitoring and Evaluation Framework (2016–2025), 22 provincial monitoring and evaluation frameworks by 2020, 60 district monitoring and evaluation frameworks by 2022, 80% of recommendations coming from the monitoring and evaluation reports are integrated in yearly plans and budgets.

Key indicators 2.4: Yearly results-oriented monitoring reports, 3 evaluation reports (2018, 2022, 2025), % of recommendations coming from the monitoring and evaluation reports are integrated in yearly plans and budgets.

⁴⁴ Additional indicators are captured in the overall Implementation Plan (2016-2025).

⁴⁵ PNG counts 89 Districts. However, due to different population and land sizes, we may only require 60 District GBVACs to facilitate full coverage across communities.

Objective 3: To ensure continued quality and sustained coordinated responses, referrals and service delivery for survivors of gender-based violence.

Baseline: GBV Baseline 2014, GESI baseline of # of women/rank employed within the public sector, baseline from the Council of Businesses and Women’s Business Council on # of women employed within the private sector according to their position, 4 provincial FSVAC Secretariats.

Output 3.1: Capacity development plan is in place and implemented to enhance quality services for survivors and perpetrators.

Targets 3.1: National GBV Training Institute (2018), 2 satellite GBV training centres (2020, 2021), Standard Operating Procedures endorsed (2016), pool of trainers in the area of legal, social, and medical field trained and certified (2017 – 2020), certification of courses endorsed by national training council, capacity needs assessment for staff, volunteers and coordinators in place (2016, 2019, 2023), training manuals developed and certified to support trainers in the legal, social and medical field on issues and best practices related to GBV (2017-2025), 24hr nationwide hotline (2018).

Key indicators 3.1: Yearly amount of funding and staffing for training entities, proof of certifications for training entities and their curriculum, # of people trained, # of people certified as trainers, # of people attending trainings, % of revised and certified training manuals to support capacity building of implementers (20% by 2018, 50% by 2021, 100% by 2025), 30% of reported GBV cases are effectively dealt with through the referral and justice systems (2019), 40% by 2022, and 60% by 2025, 30% increase of innovative prevention programmes (e.g. anger management, child protection, behavioural change programmes, etc.) by 2019, 60% by 2025. Yearly # of calls to the 24hr hotline per sex/age/nature of complaint, Client Satisfaction Survey (2018, 2021, 2024).

Output 3.2: A National Gender Based Violence Secretariat has endorsed short-term (3 years) and mid-term (5 years) plans of action and budgets to facilitate coordinated and sustained quality interventions across departments and other stakeholders.

Targets 3.2: Annual National Plans and budgets reflecting budget and plans of all relevant stakeholders across relevant sectors and all levels of governance (2018-2025), required # of operational FSVUs, FSCs, shelters, victim liaising offices in place by 2020, required # of operational services provided by NGOs and FBOs are in place by 2020.

Key indicators 3.2: Annual budget submissions, annual plans from stakeholders at national and sub-national levels, manual for mainstreaming of GBV budgets, plans and indicators, % of required operational FSVUs/year/locality, 2 national shelters (2020), % of required NGO/FBO annual support services as per agreed upon plan and budgets, 30% of reported GBV cases are effectively dealt with through the referral and justice systems (2019) 40% by 2022, and 60% by 2025.

Output 3.3: Provincial GBV Action Committee Secretariats (PGBVACS) and District GBV Focal Points (DGBVFP) have endorsed short-term (3years), mid-term (5 years) plans of action and budgets to ensure coordinated and sustained interventions at community-level.

Targets 3.3: Annual Provincial Plans and budgets reflecting GBV budget, plans and human resources for PGBVAC Secretariats and its stakeholders (20% of provincial budgets and plans by 2017, 40% by 2020, 60 % by 2022, 80% by 2025). Annual District Plans and budgets reflecting budget, plans and human resources for DGBVAC Focal Points and its stakeholders (20 % by 2018, 30% by 2020, 50 % by 2022, 60% by 2025).

Key indicators 3.3: 30% of reported GBV cases are effectively dealt with through the referral and justice systems (2019) 40% by 2022, and 60% by 2025, 30% increase of innovative prevention programmes (e.g. anger management, child protection, behavioural change programmes, etc.) by 2019, 60% by 2025.

Output 3.4: Survivors of Gender Based Violence and their dependents are supported in their reintegration through effective social and economic empowerment interventions.

Targets 3.4: Income generating programmes designed to support prevention and reintegration (2018 - 2025), grant assistance to GBV survivors linked with income generating programmes (2018 - 2025), needs assessment conducted for GBV survivors through the Secretariats and Focal Points (2017, 2021, 2025), DJAG, CIS and ODW have a joint protocol on reintegration that also includes GBV perpetrators after release from prison.

Key indicators 3.4: Annual % of survivors effectively engaged in livelihood programmes, private and public sector work (10% by 2019, 30% by 2022, 50% by 2025). Increased percentage of professional women working in public and private sector per level/per year, % increase of yearly funding of grant and social programmes to survivors of GBV, annual # of perpetrators included within the reintegration programme in order to prevent GBV.

Output 3.5: GBV stakeholders and partners efficiently share knowledge to inform effective interventions and avoid duplication.

Targets 3.5: National website reflecting high activity level, 4 high-level National GBV conferences (2018,2020, 2022, 2024), 80% of recommendations made at conferences translated into plans and budgets, increase of engagement of certified experts listed on website (30% by 2019, 60% by 2025).

Key indicators 3.5: # of hits on website (2017, 2022, 2025), # and position of attendants to conference/symposiums, yearly upload of relevant material used by service providers, # of requests for information received via contact page on website, yearly updates of GBV data and monitoring reports, yearly updates of pool of experts with CV.

Objective 4: To scale up, standardize, and decentralize inclusive, quality initiatives and messaging for prevention of gender-based violence, at all levels and in all sectors of society, to influence behavioural change required to achieve zero tolerance towards GBV.

Baseline: GBV Baseline 2014, UNWomen and UNAIDS annual awards for best media reporting on GBV and HIV, variety of awareness materials, manuals for HRD, pool of 8 HRD trainers.

Output 4.1: Coordinated Prevention and Advocacy Plan designed to support an effective behavioural change campaign, based on best practices and informed by local realities.

Targets 4.1: National Communication Strategy (2017, 2021, 2025), Subnational Communication Strategies (6 by 2017, 12 by 2021, 22 by 2025).

Key indicators 4.1: Yearly plans and budgets to support implementation of strategies in place and endorsed.

Output 4.2: Gender Based Violence prevention and advocacy materials are developed and informed by appropriate evidence-based analysis and new communication mediums to increase effectiveness of messages to instigate and sustain behavioural change.

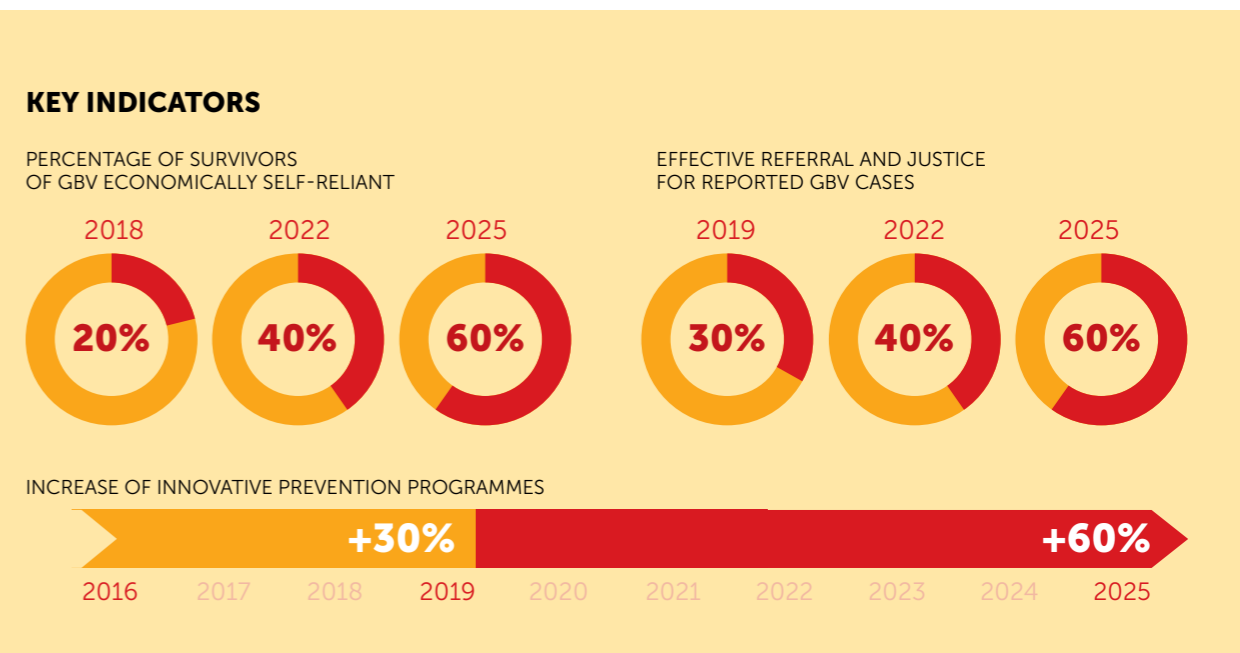
Targets 4.2: Production of Communication Tool Kit (2017), 9 yearly results oriented monitoring reports and 3 evaluation reports, pool of certified communication specialist trainers (14 by 2017, 20 by 2020, 30 by 2025), % of provinces and districts contributing and rolling out national campaigns (30% by 2017, 40% by 2019, 50% by 2021, 70% by 2024), media is sensitized on GBV and its contributing factors, positive GBV award programme in place promoting behavioural change across different categories.

Key indicators 4.2: Annual production and distribution of materials per localities/entities, annual assessment reports, absolute # of successful preventive measures reported annually by HRDs and community volunteers through their respective DGBVAC FP and PGBVAC Secretariats (increase by 20% by 2018, 40% by 2022, 60% by 2025), increase of % of submission to annual UNAIDS and UNWOMEN media award for reporting on HIV and GBV, annual ceremony for GBV award.

Output 4.3: Human Rights Defenders (HRDs) and Community Volunteers are capacitated to effectively advance GBV prevention in their communities through championing behavioural change.

Targets 4.3: By 2025 minimum of 4 HRDs/community volunteer identified by district to monitor GBV and promote behavioural change, # of successful prevention interventions at community-level and across all partners and sectors, absolute # of successful preventive measures reported annually by HRDs and community volunteers through their respective DGBVAC FP and PGBVAC Secretariats (increase by 20% by 2018, 40% by 2022, 60% by 2025).

Key indicators 4.3: Absolute # of HRDs and community volunteers officially registered with the relevant Secretariats and Focal Points, # of successful prevention interventions at community-level and across all partners and sectors as reported by HRDs and Community Volunteers (increase by 20% by 2018, 40% by 2022, 60% by 2025), 30% of reported GBV cases are effectively dealt with through the referral and justice systems (2019) (40% by 2022, and 60% by 2025), 30 % increase of innovative prevention programmes (e.g. anger management, child protection, behavioural change programmes, etc.) by 2019, 60% by 2025.



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The Strategy in Detail

Objective One: To ensure that by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV, aligned with the PNG Development Plan, Papua New Guinea Vision 2050, and with the Sustainable Development Goals 2016-2030.

STRATEGY: Improve governance and institutional framework, policy and regulatory framework, finance and infrastructure, planning and administration for national gender-based violence interventions.

Output 1.1: The Office of Development for Women, as the national women's machinery, is capacitated to lead, coordinate and monitor the implementation of the National Strategy to Prevent and Respond to GBV (2016-2025).

ODW is the high-level governance structure established by the National Government through The National Executive Council (NEC) decision in 1995 to facilitate and coordinate gender issues, including GBV.

Most GBV and FSV interventions are currently being rolled out by CSOs, FBOs and the private sector. The interventions are often guided by funding made available by the donor community in response to a particular recognised need at a particular time. The financial commitments are often short-term and do not necessarily include the long-term commitment required to bring about transformational change. To this effect the Government of Papua New Guinea will play a key coordinating role in identifying priorities, securing funding, collecting data and effectively monitoring and evaluating developments regarding the prevention of GBV and the delivery of quality services.

The Department for Community Development as the lead government agency will ensure the setup of the National GBV Secretariat under the ODW. Its work will be guided by the National GBV Advisory Committee, which will consist of GBV technical experts from other relevant government entities, CSOs, FBOs, private sector, and development partners.

Output 1.2: High-level coordination and accountability, to enhance multi-sectoral GBV prevention and strengthen quality services for survivors, is secured through the effective work of the National GBV Secretariat, Ministerial GBV Committee, and National GBV Advisory Committee.

The National GBV Secretariat will be the administrative entity supporting the ODW within the DfCDR for preventing and responding to GBV. The key functions of the Secretariat will include the following:

a. Mainstreaming and Co-ordination

The Secretariat will ensure programmes addressing GBV are coordinated and mainstreamed into both annual work plans and budgets at all levels of government. The focus will be on streamlined quality services. The Secretariat will also advocate for ongoing funding to sustain delivery of programmes addressing GBV, according to agreed plans of action. It will coordinate closely with Provincial Administrations and Provincial FSVAC Coordination Committees and their respective Secretariats. As this work develops, further support to the districts and their respective Focal Points may be required.

b. Capacity Building and Training

The GBV Secretariat, through ODW, will ensure ongoing learning and capacity building for both the national and provincial Secretariat staff. It will be responsible for co-ordinating and developing a pool of skilled and competent trainers and officers to support work on GBV. It will also be responsible

for coordinating and supporting the development of training materials, protocols, procedures, and certification processes for all work pertaining to GBV. It will ensure sufficient budgets are allocated at all levels of government to support ongoing training.

c. Research, Planning, Monitoring and Evaluation

The Secretariat will advocate and contribute to drafting and implementing policies and legislation relating to both prevention and response to GBV. It will also coordinate research, monitoring and evaluation and guide planning and budgeting to address GBV as per the National Strategy priorities.

The Secretariat will also provide the required support to the provinces in planning, budgeting and monitoring of the provincial priorities. Part of its mandate will include the formulation of knowledge products, which could inform local, national, regional and global interventions. It will be responsible for keeping abreast of new research in the area of GBV and FSV, and help to inform local developments based on best practices and innovative interventions.

Furthermore, the Secretariat will submit annual reports for acquittal purposes. This will promote and maintain transparency and accountability for attracting further funding support, both from government and development partners.

d. Communication and Outreach

The Secretariat will be responsible for developing, implementing and monitoring the National Communication Strategy to prevent and respond to GBV. It will work in consultation and cooperation with relevant stakeholders at the national and provincial levels. It will aim to standardize awareness and advocacy based on best practice that are culturally appropriate throughout Papua New Guinea. The Secretariat will play a pivotal role in the work of preventing GBV and FSV.

The National GBV Advisory Committee will provide substantive guidance to ODW and the National GBV Secretariat. The National GBV Advisory Committee will consist of technical experts from government, NGOs, FBOs, and development partners. This committee will meet on a quarterly basis. The Ministerial GBV Committee will consist of relevant ministers whose departments are mandated to plan, budget and implement as per the agreed National Implementation Plan. The Minister of DfCDR will convene the meetings on a quarterly basis and meeting reports will be shared with the NEC to assist in informed decision making.

Output 1.3: Provincial and District GBV Action Committees are strengthened to support effective coordination in promoting prevention and providing quality GBV responses at the sub-national levels.

Provincial FSVACs have been established at different times over the last 12 years. They will now operate as the Provincial GBV Action Committees (PGBVAC). The PGBVACs across the different provinces function at different levels in terms of programmes, capacity and resources. For coordination to be effective from the national-level down, and from the local-level up, PGBVACs will require support and will need to be strengthened with adequate resources. Recent research on GBV and FSV interventions identifies the importance of having a point of reference at provincial-level. However, it was also clear that without the proper support for finance and capacity-building, for example, the PGBVACs will not be able to provide the required impetus for long-term change. In line with the decentralization process, the efforts will be replicated at district-level, with the establishment of District GBV Action Committees (DGBVACs) as the point of entries into the communities.

Output 1.4: The provincial GBVAC Secretariats and District GBVAC Focal Points are established and operational to support coordinated and long-term quality delivery of interventions and prevention, with the support of both the Provincial and District Administrations.

The establishment of the Secretariats and Focal Points to support PGBVAC and DGBVAC will help secure adequate and ongoing budgetary support from provincial and district authorities. The newly established entities will also support case management coordination, effective referral, and coordination of the work of PGBVAC and DGBVAC members. This mechanism will operationalize the provincial government's mandate, as set out in the National Executive Directive (NEC) 151/2013, to support GBV interventions in their respective provinces.

Respective Secretariats informed by PGBVAC and provincial government guidelines will develop their own strategies, plans of action and budgets guided by the National Strategy to Prevent and Respond to GBV, and informed by local realities. Initial steps taken to establish the Secretariats in the four pilot provinces are showing promising signs. Over time, in line with the decentralization process, Focal Points will be established and supported in the districts.

Output 1.5: Funding for effective and sustained interventions by government and non-government stakeholders, needed to achieve transformational change, is secured through existing and new funding mechanisms.

The National GBV Secretariat will coordinate implementation of the GBV Strategy at all levels of government with the aim of securing transformational change. This will require sustained funding over an extensive period of time. In order to achieve this change, different stakeholders will be required to collaborate in achieving a common goal of zero tolerance of GBV.

The Secretariat will support the National Advisory Committee in its efforts to lobby the Ministerial Committee on GBV for realistic budgets to support needed GBV interventions, as per plans of action. Key government departments at all levels of government will be expected to budget for GBV interventions – as per their respective mandates and as informed by the Strategy. The budget will also be informed by the sub-national GBV implementation plans, to be coordinated by the PGBVAC Secretariats and the DGBVAC Focal Points.

In line with the Private-Public Partnership (PPP), the Secretariat will encourage the private sector to fund GBV interventions in line with existing plans of action at national and subnational levels. Funding from the private sector could also be channelled through the National Trust Fund.

A number of CSOs and FBOs are currently providing effective interventions with limited or inadequate resources. In order to strengthen an effective partnership, the Government will ensure that funding and other support is made available to facilitate continuity and sustainability of the CSOs' and FBOs' successful interventions. Funding priorities will be informed by the Plans of Action, at national and sub-national levels, and through monitoring and evaluation reports. However, the lack of expert human resources within government to implement necessary interventions justifies funding transfers to capable CSOs and FBOs to make their specific contributions, as per the Strategy and plan of action.

Expected reduced financial support from development partners will need to be compensated by government commitments. The successful implementation of this Strategy will require the establishment of a National Trust Fund. The National Trust Fund will provide a mechanism for pooling together available funding, such as from donors, for enhancing a coordinated and transparent process in allocating funds to where they are most needed. Allocation will be as per activity plans, and to who is best placed to deliver the required interventions. The Trust Fund will be linked into a transparent selection, monitoring and evaluation process.



Objective Two: To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence and contribute to national and international reporting commitments.

Policy and legislative changes relating to GBV must be informed by sound research and systematic sex-disaggregated data collection. Existing legislation and policies also need to be reviewed in terms of their relevance, effectiveness and implementation. A research agenda will be put in place and monitored by the Research Advisory Committee. Central to the research will be the establishment of a comprehensive national GBV database, which captures both administrative and prevalence data on GBV. Monitoring and evaluation of programme interventions is also essential for measuring the effectiveness of GBV interventions. The findings of monitoring and evaluation reports will inform the review and endorsement of future plans, budgets and programmes.

STRATEGY: Improve collection, analysis and use of data and research to enhance Gender Based Violence prevention and response efforts.

Output 2.1: GBV research is identified and integrated within the funded national research plan through an operational Research Advisory Committee.

A Research Advisory Committee will endorse a comprehensive research agenda and advocate for its funding. The Committee will also screen research proposals, ensure appropriate data sharing, develop protocols and ethical guidelines for researching GBV related issues in Papua New Guinea. The Research Advisory Committee will consist of a number of high-level researchers, policy makers, legislators and practitioners. The National GBV Advisory Committee will submit, for endorsement, their appointment and their terms of appointment.

Output 2.2: Knowledge management and sharing is enhanced through the establishment of an effective National Research Network linking together researchers working on GBV across the nation, the region and the globe.

Researchers committed to GBV will be linked through a network of best practicing researchers and reputable research institutions at national and international levels. The focus of the research network will be to strengthen local capacities equivalent to that of regional and global research institutes and their respective researchers. Exchanges happening through those different research institutes and their researchers will be highly valuable for keeping up with new developments and facilitating knowledge exchange across borders.

Output 2.3: A National Gender Based Violence database is established and operational to ensure coordinated and holistic evidence-based planning.

The creation of a national GBV database is important for measuring the rate of incident reporting and measuring the effectiveness of existing interventions. Data collected will support evidence-based reporting required to measure the implementation of national policies, CEDAW and the SDGs. The national database will be coordinated by the National Secretariat, in partnership with PGBVAC Secretariats, District Focal Points and partner organizations, delivering services to prevent and respond to GBV. The ODW will be mandated to commission prevalence studies through the Inter-Agency Committee to complement the incident reporting database. Where appropriate, new technology will be employed in data collection, analysis, and research reporting.

Output 2.4: Monitoring and evaluation findings are reflected in new plans, budgets and programmes.

The ODW, as the government mechanism for women in Papua New Guinea, and with the establishment of the Secretariat for Preventing and Responding to GBV, will play an important monitoring and evaluation role. The monitoring and evaluation framework will capture the deliverables of mandated national departments, provincial and district administrations and in turn feed into district, provincial, national, regional and international reports. The framework will also reflect the work and targets set by key CSO and FBO stakeholders. The results will be published to ensure a process of transparency and accountability.

The monitoring and evaluation reports will be used to measure the impact of interventions as well as inform government and service providers on best practice options for prevention and service delivery. It will also inform the review of both the research agenda and priority plans.

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Objective Three: To ensure quality, continuity and sustainability of coordinated responses in referrals and service delivery for survivors of gender-based violence.

Different organizations throughout Papua New Guinea provide a range of medical, legal and social services to survivors of GBV. Sub-national consultations conducted in 2014 indicate severe lack of coordination of services as well as a lack of capacity to deliver quality services. These findings are also reflected in the initial analysis of an extensive mapping exercise capturing work of GBV interventions across PNG. Provisions of GBV related services must be coordinated at all levels of government in order to foster effective partnership, cooperation and implementation of best practices.

Existing referral pathways need to be better coordinated to enhance prevention, and to strengthen effective service delivery that is survivor-centred. Linkages across provinces and national entities can further improve both service delivery and knowledge sharing.

It will be crucial to provide training and mentoring to further enhance skills and secure professional support in line with a human rights-based approach which can also be informed by local customs and practices, as long as they are not in breach of human rights, national laws, and international commitments.

STRATEGY: Improve quality and effective processes, procedures and services to prevent GBV and support survivors of gender-based violence.**Output 3.1: Capacity development plan for quality services is developed and implemented to enhance quality services for survivors and perpetrators.**

All relevant stakeholders will have expertise in delivering quality services through recognized training programmes which follow best practice, certification processes, and ongoing learning and exchange programmes. Training partnerships will be established with existing training institutions. The focus will be on establishing a pool of Papua New Guinea experts in the area of GBV service delivery and prevention. Emphasis will be on networking through a community of practitioners on GBV, within the country, across the region and across relevant stakeholders.

Output 3.2: A National Gender Based Violence Secretariat has endorsed short-term (three year), and mid-term (five year) plans of action and budgets to facilitate coordinated and sustained quality interventions across departments and other stakeholders.

The National GBV Secretariat will consult with all relevant government and non-government stakeholders, through the National GBV Advisory Committee, in the process of developing and upgrading plans and budgets. This process will need to be guided by the overarching National GBV Strategy whilst ensuring relevance to local contexts. This will occur by extrapolating information from the plans and budgets coming from the provinces. At the same time, provincial and other local plans and budgets will also be guided by the overarching strategy and research outcomes. Regular monitoring and evaluation will inform plans and budgets.

Output 3.3: Provincial GBV Action Committee Secretariats (PGBVACS) and District GBV Focal Points (DGBVFP) have endorsed short-term (three year), and mid-term (five year) plans of action and budgets to ensure coordinated and sustained interventions at community-level.

Secretariat officers will consult with the provincial and local-level government agencies, and with CSOs, FBOs, and the private sector, when developing provincial and local-level GBV plans and budgets. These plans will be guided by the National Implementation Plan whilst reflecting local realities and priorities. Provincial, district and local-level plans and budgets will be informed by ongoing monitoring and evaluation to ensure adherence to quality interventions and required funding.

The work will require participation of representatives from the most vulnerable and most at risk population ensuring that the provision of services accommodates their specific needs. Participation in the development plans and budgets, through multi-sectoral consultations, will also ensure accountability by government to deliver its services.

Output 3.4: Survivors of Gender Based Violence and their dependents are supported in their reintegration through effective social and economic empowerment interventions.

Often survivors of GBV do not leave violent relationships because they are unable to provide for themselves or dependents. This situation can lead to death but also, in a family setting, lead to acceptance of violence by children, further perpetuating the cycle of violence. It is therefore important to cater for capacity-building programmes to help survivors to develop income-generating and social empowerment skills, and become financially independent and emotionally strong. With increased independence survivors may develop negotiation powers that can reduce their vulnerability to violence or help them leave violent situations. The interventions could be linked, for a limited period of time, with a social protection stipend, which would provide space to survivors to acquire necessary skills after leaving a violent environment.

Output 3.5: GBV stakeholders and partners efficiently share knowledge to inform effective interventions and avoid duplication.

Systems will be put in place to ensure ongoing knowledge sharing between all relevant stakeholders at all levels. This will include securing resources, directories for services and trainers, websites, newsletters, seminars and conferences. It will be important to make existing and new knowledge products, as well as training and prevention techniques, available to all interested parties. The aim is to secure a broad dissemination of best practices. Annual conferences and symposia are means of promoting knowledge sharing within the country, and across the region and the globe.

4

Objective Four: To scale-up, decentralize, and standardize inclusive, quality initiatives and messaging for prevention of gender-based violence at all levels and in all sectors of society to influence behavioural change required to achieve zero tolerance towards GBV.

Advocacy around reducing GBV is important in strengthening the prevention of GBV. The Secretariat will coordinate national awareness and advocacy programmes, including the three-week long annual Ending Violence Against Women (EVAW) Campaign conducted across the country. This activity will be evaluated for its effectiveness.

There is a need for more coherent and sustained campaigns to be developed and rolled out across all provinces. The campaigns will include culturally appropriate messages highlighting the nature of GBV and promoting positive behaviours. Standardized messages, through the use of new technologies, are an important tool in responding to the increasing mobility of Papua New Guineans.

STRATEGY: Improve awareness and advocacy programmes for prevention of gender-based violence at all levels and in all sectors of society.

Output 4.1: Coordinated Prevention and Advocacy plan designed to support an effective behavioural change campaign, based on best practices and informed by local realities.

Periodic assessments will be carried out to measure the effectiveness of materials developed, as well as the capacity of stakeholders to use the materials. The needs assessment evolving from these periodic reviews will update capacity development plans both at the national and provincial level. Work on the ground will be supported by the PGBVACs, their respective Secretariats and, where available, the DGBVAC and their Focal Points. Budgets and experts will be secured to implement the plan.

Output 4.2: Gender Based Violence prevention and advocacy materials are developed and informed by appropriate evidence-based analysis and new communication mediums to increase effectiveness of messages to instigate and sustain behavioural change.

All stakeholders at all levels of government and key partners from CSOs, and the private sector, will contribute to the development of a communication strategy. New material and methods for dissemination of information will be identified and developed.

Awareness and advocacy campaigns will be coordinated, evaluated and informed by monitoring and evaluation reports submitted to the relevant authorities.

A communication specialist will be recruited and trained on GBV issues. Links will be made with public relations officers across relevant government entities at national and sub-national levels to secure the effective rollout of the Strategy. GBV is a cross-cutting issue; hence a mainstream approach will be advocated as a way to break through structural and institutional barriers that hinder effective condemnation and prevention of GBV. All stakeholders need to form a strong network and raise awareness of both gender-based violence and the harmful traditional and cultural practices that perpetuate violence against women and girls.

Output 4.3: Human Rights Defenders (HRDs) and Community Volunteers are capacitated to effectively advance GBV prevention in their communities through championing behavioural change.

HRDs and Community Volunteers have worked with courage and commitment to advance awareness in their respective communities, sometimes facing ridicule, opposition and harassment; even putting their own lives in danger. Their achievements to date will be further enhanced through better knowledge sharing. To address the capacity needs of the HRDs and volunteers a team of Trainers of Trainers (TOT) will be formed and trained to rollout standardized and certified training programmes based on both national and international norms and standards.

It is hoped that over time HRDs and community volunteers will have developed the skills to support community conversations as one of the ways in which to influence behavioural change amongst community members. Tools and materials already exist to initiate this work.

The establishment of a sound network consisting of HRDs, volunteers, community mobilizers, leaders and private sector professionals, will allow for more effective prevention and support within and across targeted communities.

I will never turn away
any **woman or man** who
comes to me for help.

BETTY DUNSTAN

Women's representative in Provincial Government



Partnership and Coordination

Government Agencies Collaboration

Civil Society Organizations and Faith Based Organizations Collaboration

Church Partnership Collaboration

Private Sector Partnership Collaboration

The Academia Collaboration

Research Institutes Collaboration

Development Partners Collaboration

The National GBV Secretariat will ensure greater collaboration with all stakeholders, as part of a multi-sectoral approach, in order to prevent and respond to gender-based violence, by drawing upon each entity's expertise, responsibilities and capacities.

The collaboration will provide the platform for stakeholders to share information and best practices, such as their success stories and challenges in mainstreaming GBV across their respective agency policies, plans, programmes, and their training modules. The cooperation and coordination will also avoid duplication of efforts and where possible have a multiplier effect in terms of impact. The new approach will also provide the opportunity for stakeholders to assess how GBV is addressed throughout the country and discuss improvements to programmes' developments and implementations.

Government Agencies Collaboration

The National GBV Secretariat will facilitate quarterly collaboration with relevant government agencies, such as the Law and Justice Sector agencies (Police, Correctional Services, Courts, Community Based Correction and Probation), Education, Health, Labour, Community Development, Agriculture and central government agencies. This will be in order to ensure mainstreaming and integration of GBV in their respective legislations, policies, plans, structures, budgets and programmes. The holistic approach aims at achieving effective prevention and responses by tackling GBV from all sides.

The integration of GBV prevention and response efforts in relevant sectors will also increase awareness and reduce acceptance of harmful practices across different sectors. For example, education programmes can train teachers on GBV issues. Parent/teacher councils can then further impact the prevention of and responses to GBV in schools, families and communities. Agriculture programmes can address GBV through their work with farmers' associations, whilst the health department can build on improving the treatment of survivors of violence.

Civil Society Organizations and Faith Based Organizations Collaboration

CSOs and FBOs are important implementing partners and it is crucial for the Secretariat to maintain consistent consultations with their representatives who have demonstrated experiences in preventing and responding to GBV. At the national level they will be represented within the National GBV Advisory Committee. At the sub-national level CSOs will be represented at the PGBVAC and the DGBVAC to ensure improved collaboration and enhance the mutual reinforcing impact of interventions carried out to prevent GBV and respond to survivors. Protocols and standard operating procedures will be jointly developed to clarify and enhance any cooperation that puts prevention and the needs of the survivor at the centre of all GBV work undertaken.

Civil Society Organizations have a unique knowledge-base and experience. This can benefit national government and sub-national agencies in the development of their organization action plans and implementation to prevent occurrences of violence, protect the rights of survivors, and facilitate empowerment programmes. CSOs can enable people to participate meaningfully in sustainable development activities at their locations.

Church Partnership Collaboration

Churches play a major role in supporting the rollout of provision of Health, Education and Spiritual Development across the nation, but more so in the most remote communities where government services are lacking. The prevention of GBV and the services for survivors of GBV touch upon all interventions provided by churches. Churches have a duty to address family problems, including GBV, by considering people in the context of their relationships. The collaboration will further enhance the work of churches in promoting zero tolerance towards GBV, in providing healing for survivors of gender-based violence, and supporting, where appropriate, the reintegration of survivors into their communities.

Through the Church Partnership Programme, the current work on GBV can be further strengthened and supported. Exchange of knowledge and stronger coordination will be made possible through membership of the relevant PGBVAC or DGBVAC.

At the national level churches will be represented through the National GBV Advisory Committee.

Private Sector Partnership Collaboration

Through its Public-Private Partnership (PPP), the Government of PNG recognizes the power and potential of harnessing the private sector to tackle issues of GBV in a robust partnership. The private sector, as a big employer with well-established businesses, is impacted daily by incidents and repercussions of GBV. A recent Overseas Development Institute publication clearly stipulates the direct and indirect impact of GBV on the viability of businesses.

A number of business entities have already collaborated on the development of workplace policies that speak to zero tolerance towards GBV. In this way, they are already integrating the national and international commitments that call for all stakeholders to address GBV.

The private sector, in some provinces, has already joined the PGBVAC to contribute to a holistic approach to addressing GBV. Whilst the businesses are focussing on prevention, they have also expressed their concern of a lack of effective support services for survivors and broader prevention programmes. A more structured partnership, as per the Strategy, should help address the concerns and develop viable solutions for all stakeholders involved, resulting in a vibrant economy underpinning long-term sustainable development for the whole country.

The Academia Collaboration

Higher Education Institutions are important partners. They provide the educational frameworks that groom the professionals who go on to contribute to the development of the country and the wellbeing of its constituents, as well as their own families and extended family.

Their participation in rolling out the Strategy, along the set structures and guidelines, is crucial. Prevention of GBV will need to be addressed through their respective institutions with the aim of supporting behavioural changes that can help us achieve zero tolerance towards GBV. Additionally, they may be required to upgrade their curricula across vocational training courses, diploma courses, degree courses, and specialization programmes to reflect the needs, and adapt to global best practices, aligned with the social context of PNG.

In order to measure the impact of interventions and their effectiveness Academia may be requested to conduct relevant studies, in partnership with research institutions.

Higher education institutions are anticipated to be represented in either or both the Ministerial Committee on GBV and the National GBV Advisory Committee.

Research Institutes Collaboration

The research institutes and bodies will work with the Secretariat, through the Office of Development for Women, to improve monitoring and evaluation processes central to a results-based approach to governance. The Strategy calls for the establishment of a Network of Researchers that will be able to keep the government abreast of GBV related findings and update the relevant legislations, policies, and programmes. A relationship between the National Research Institute (NRI), the University of Papua New Guinea, and the National Statistical Office would benefit high-level data collection and analysis. The information will be required to address national and international reporting mechanisms, including the newly endorsed SDGs, which has a specific indicator to measure the progress on addressing GBV.

Representation is anticipated within the National GBV Advisory Committee.

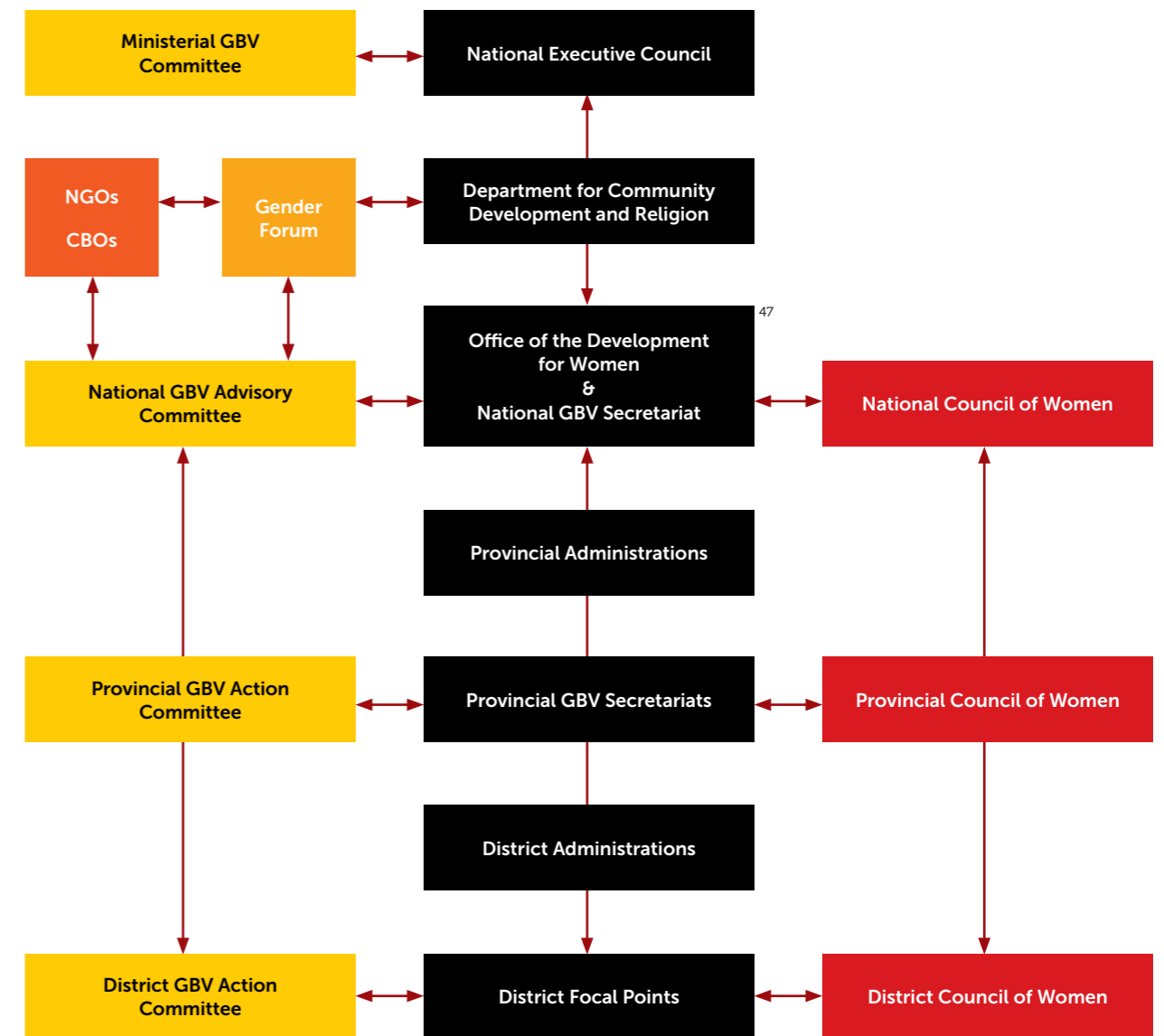
Development Partners Collaboration

The Development Partners have advanced initiatives on gender equality and women’s empowerment work. In addition to addressing the drivers of GBV they also focus on enhancing the work on GBV. They have been major sponsors for capacity-building across government, learning institutions, CSOs and FBOs.

The Strategy seeks to reaffirm and strengthen this relationship in order to secure an effective implementation of the Strategy and improve future reporting on CEDAW, to the Commission on the Status of Women (CSW), and on the progress towards the achievements of the SDGs. Other reporting obligations at national, regional and global level touching on the advancement of women will also benefit from this partnership.

Development Partners, besides being a member of the Gender Forum, will have representation within the National GBV Advisory Committee.

Governance and Institutional Structure



⁴⁷ Discussions are ongoing on establishing if the National Family and Sexual Violence Action Committee will be amalgamated with the National GBV Secretariat, or maintained in one or other form.

Annexes



Annex 1. Definitions of sexual and gender-based violence

PNG LEGAL DEFINITIONS

TERM	LEGAL DEFINITION
Family	Under Section 2 of the Family Protection Act, a family member is defined as <ol style="list-style-type: none"> The spouse of the person; or A child of the person or a child of the person's spouse; or A parent of the person or a parent of the person's spouse; or A grandparent; or A brother or sister of the person or a brother or sister of the person's spouse; or Any other person who is treated by the spouse as a family member.
Domestic Violence	Under section 5(1) of the Family Protection Act, a person commits an act of domestic violence when he or she does the following: <ol style="list-style-type: none"> assaults a family member (whether or not there is evidence of a physical injury); or psychologically abuses, harasses or intimidates a family member; or sexually abuses a family member; or stalks a family member so as to cause him or her apprehension or fear; or behaves in an indecent or offensive manner to a family member; or damages or causes damage to a family member's property; or threatens to do any of these. Subsection 5(2) of the Act further states that, a person may stalk another person by: <ol style="list-style-type: none"> following the person; or watching the person; or loitering outside the premises where the person lives, works or frequents for the purposes of any social or leisure activity; or making persistent telephone calls, sending persistent text messages or other forms of communications to the person or to the premises where the person lives or work.
Assault	Section 243(1) of the Criminal Code defines assault as a person who: <ol style="list-style-type: none"> directly or indirectly strikes, touches or moves, or otherwise applies force to, the person of another, without his or her consent, or with his or her consent if the consent is obtained by fraud; or by any bodily act or gesture attempts or threatens to apply force to the person of another without his or her consent, under such circumstances that the person making the attempt or threat has actually or apparently a present ability to effect his or her purpose, is said to assault that other person, and the act is called an assault.
Grievous Bodily Harm	Section 1 of the Criminal Code defines grievous bodily harm as any bodily injury of any nature that endangers, or be likely to endanger life, or to cause or be likely to cause permanent injury to health.
Rape	Under Section 347(1) of the Criminal Code a person who sexually penetrates a person without his or her consent is guilty of the crime of rape.
Marital Rape	A husband or wife who forces sexual intercourse with his or her spouse has, without his or her consent, sexually penetrated another person within the meaning of the amended s.347 of the Criminal Code, and has therefore committed the crime of rape.
Sexual Penetration of a Child	Section 229A(1) of the Criminal Code states that a person who engages in an act of sexual penetration with a child under the age of 16 years is guilty of a crime.
Sexual Assault	Under Section 349(1) of the Criminal Code a person who, without a person's consent touches, with any part of his or her body, the sexual parts of that other person; or compels another person to touch, with any part of this body, the sexual parts of the accused person's own body, is guilty of a crime of sexual assault. For the purposes of this section, 'sexual parts' include the genital area, groin, buttocks or breasts of a person. For the purposes of this section, a person touches another person if he or she touches the other person with any part of his or her body or with any object manipulated by the person.

The below section contains a range of concepts related in one way or another to Gender Based Violence (GBV). It contains concepts used globally, but not all are relevant to the context of Papua New Guinea. The development of new legislations, policies, and programmes in Papua New Guinea are guided by definitions encapsulated in United Nations Resolutions and Conventions. In order to allow readers to familiarize themselves with the broader context of GBV, however, all concepts, regardless of relevance, have been left in the document.¹

Gender Based Violence

The term "gender-based violence" refers to violence that targets individuals or groups on the basis of their gender. The United Nations' Office of the High Commissioner for Human Rights' Committee on the Elimination of Discrimination against Women (CEDAW) defines it as "violence that is directed against a woman because she is a woman or that affects women disproportionately", in its General Recommendation 19.

This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty. Together with "sexual violence" and "violence against women", "gender-based violence" is used interchangeably.

This does not mean that all acts against a woman are gender-based violence, or that all victims of gender-based violence are female. The surrounding circumstances where men are the victim of sexual violence could be when a man is harassed, beaten or killed because he does not conform to the view of masculinity, which is accepted by his society.

Violence Against Women

Violence against women is defined by the UN Declaration on the Elimination of Violence against Women, adopted by the General Assembly on 20 December 1993, as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". It is a form of gender-based violence and includes sexual violence.

The Declaration states in its introduction that "[Violence against women] is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men".

Sexual Violence

Sexual violence includes sexual exploitation and sexual abuse. It refers to any act, attempt, or threat of a sexual nature that results in, or is likely to result in, physical, psychological and emotional harm. Sexual violence is a form of gender-based violence. The Expanded Definition of Sexual and Gender Based Violence used by the UNHCR and implementing partners, Article 2 of the UN General Assembly Declaration on the Elimination of Violence Against Women (1993):

"Violence against women shall be understood to encompass, but not be limited to, the following:

- a. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- c. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs."

Sex

Sex is defined as "biological characteristics of males and females. The characteristics are congenital and their differences are limited to physiological reproductive functions".

¹ <https://www.irinnews.org/feature/2004/09/01/definitions-sexual-and-gender-based-violence>

Gender

Gender is the term used to denote the social characteristics assigned to men and women. These social characteristics are constructed on the basis of different factors, such as age, religion, national, ethnic and social origin. They differ both within and between cultures and define identities, status, roles, responsibilities and power relations among the members of any culture or society. Gender is learned through socialization. It is not static or innate, but evolves to respond to changes in the social, political and cultural environment. People are born female or male (sex); they learn how to be girls and boys, and then become women and men (gender). Gender refers to what it means to be a boy or a girl, woman or man, in a particular society or culture. Society teaches expected attitudes, behaviours, roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This is learned behaviour known as gender identity.

Violence

Violence is a means of control and oppression that can include emotional social or economic force, coercion or pressure, as well as physical harm. It can be overt, in the form of physical assault or threatening someone with a weapon; it can also be covert, in the form of intimidation, threats, persecution deception or other forms of psychological or social pressure. The person targeted by this kind of violence is compelled to behave as expected or to act against her will out of fear.

An incident of violence is an act or a series of harmful acts by a perpetrator or a group of perpetrators against a person or a group of individuals. It may involve multiple types of and repeated acts of violence over a period of time, with variable durations. It can take minutes, hours, days, or a lifetime.

Abuse

Abuse is the misuse of power through which the perpetrator gains control or advantage of the abused, using and causing physical or psychological harm or inflicting or inciting fear of that harm. Abuse prevents persons from making free decisions and forces them to behave against their will.

Coercion

Coercion is forcing, or attempting to force, another person to engage in behaviours against her will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.

Power

Power is understood as the capacity to make decisions. All relationships are affected by the exercise of power. When power is used to make decisions regarding one's own life, it becomes an affirmation of self-acceptance and self-respect that, in turn, fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about the lives of others.

Consent

A person consents when he or she makes an informed choice to agree freely and voluntarily to do something. There is no consent when agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation.

Threatening to withhold, or promising to provide a benefit in order to obtain the agreement of a person, constitutes an abuse of power. Any agreement obtained in such a way, or from a person who is below the legal (statutory) age of consent, or is defined as a child under applicable laws, is not considered to be consensual.

Perpetrator

A perpetrator is a person, group, or institution that directly inflicts, supports and condones violence or other abuse against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims.

Types of Sexual and Gender-based Violence

There are 5 types of Sexual and Gender Based Violence: Sexual Violence, Physical Violence, Emotional and Psychological Violence, Harmful Traditional Practices and Socio-Economic Violence.

Sexual Violence

1. Rape and marital rape

The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court).

2. Child sexual abuse, defilement and incest

Any act where a child is used for sexual gratification. Any sexual relations/interaction with a child.

3. Forced sodomy/anal rape

Forced/coerced anal intercourse, usually male-to-male or male-to-female.

4. Attempted rape or attempted forced sodomy/anal rape

Attempted forced/coerced intercourse; no penetration.

5. Sexual abuse

Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.

6. Sexual exploitation

Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another; Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).

7. Forced prostitution (also referred to as sexual exploitation)

Forced/coerced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to meet basic human needs for themselves and/or their children.

8. Sexual harassment

Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display or pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

9. Sexual violence as a weapon of war and torture

Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession of punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group.

Physical Violence

1. Physical Assault

Beating, punching, kicking, biting, burning, maiming or killing, with or without weapons; often in combinations with other forms of sexual and gender-based violence.

2. Trafficking, slavery

Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.

Emotional and Psychological Violence

1. Abuse/Humiliation

Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival.

2. Confinement

Isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement.

Harmful Traditional Practices

1. Female genital mutilation (FGM)

Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial or total cutting, removal of genitals stitching whether for cultural or non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been victim of sexual assault.

2. Early marriage

Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions).

3. Forced marriage

Arranged marriage against the victim's/survivor's wishes, which is exposed to violent and/or abusive consequences if he/she refuses to comply.

4. Honour killing and maiming

Maiming or murdering a woman or a girl as a punishment for acts considered inappropriate with regards to her gender, and which are believed to bring shame on the family or community (e.g. pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e. as a redemption for an offence committed by a male member of the family).

5. Infanticide and/or neglect

Killing, withholding food from, and/or neglecting female children because they are considered to be of less value in a society than male children.

6. Denial of education for girls or women

Removing girls from school, prohibiting or obstructing access of girls and women to basic, technical, professional or scientific knowledge.

Socio-Economic Violence

1. Discrimination and/or denial of opportunities, services

Exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights.

2. Social exclusion/ostracism based on sexual orientation

Denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.

3. Obstructive legislative practice

Prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights by women.

SOURCES:

"Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons"
UNHCR, May 2003

"Its in our hands Stop the Violence Against Women"
Amnesty International publication, 2004

Annex 2. Gender Based Violence; Summary Data¹

Overview

Data on GBV in Papua New Guinea clearly indicate a problem that needs to be addressed. This appendix comprises a selection of the data available. Although usable information is fragmentary, unrelated, and often small in scope, when collated it does provide sufficient evidence to indicate urgent action is required. This conclusion is clear even before examining structural or institutional violence, which particularly affects women and disadvantaged groups in the population.²

Data presented here indicate CSOs are addressing comparatively high levels of GBV that are affecting large numbers of women, children and key affected populations.³ At the same time, official reports reveal that very low numbers of GBV cases are followed up. This corroborates findings that indicate, 'widespread shame, fear and belief GBV is a family matter and therefore tolerated'⁴, as well as a fear that seeking help will result in further abuse.⁵

The high numbers affected combined with the low level of official reports, provide a strong justification for national action. Government is the only legitimate body with both the mandate and capacity to collect information at national level and resource a national level response. The FSVAC has the mandate but does not have the capacity to address the issue as it is currently constituted. The plethora of reports and statements from a variety of bodies indicate the need for strong government ownership, coordination, resourcing and participation to address GBV within Papua New Guinea.

The GBV issue crosscuts with an array of negative impacts. Some of the interwoven dimensions of the problem are illustrated in the evidence provided here.

The Data

Pioneering work was done during the 1970s, but the key research still referred to is the Law Reform Commission work published during the 1980s and summarized in its final report in 1992.⁶ The Commission reported the often-quoted statistic that 66 per cent of husbands interviewed said they beat their wives, and 67 per cent of wives said they had been hit.⁷ Figures showed 49% of wives reporting having been hit in Oro province, but up to 100% of wives reporting having been hit in parts of the Highlands.

Thirty years later high rates are still being reported. Some examples of these are presented in the following table:

¹ Thank you to Orovu Sepoe whose work provides the basis for much of this section.

² For example, women have lower levels of education than men, they are less likely to hold formal sector jobs and/or receive wages. Only three out of 111 members of Parliament are women. Almost 42% of females age 8+ cannot read and write compared to 30% of males. Almost 38% of females age 15+ receive wages compared to 66.3% of males. See National Statistical Office, (2013), '2009-2010 Papua New Guinea Household Income and Expenditure Survey, Summary Tables', National Statistical Office, Port Moresby, p.34 and p.100.

³ For example, those most at risk of HIV, and people with disabilities.

⁴ See for example, Lakhani, S. and Willman, A.M. (2014) 'Trends in Crime and Violence in Papua New Guinea', World Bank: Research and Dialogue Series: 'The Socio-economic Costs of Crime and Violence in Papua New Guinea' Paper no.1, p.6.

⁵ A general summary of this issue, drawing on a variety of sources, can be found at Seeds Theatre Group, (2015), 'When Police are Part of the Problem: the Case of Papua New Guinea's Police Force', at <http://seedstheatre.org/when-police-are-part-of-the-problem-the-case-of-papua-new-guineas-police-force/>, accessed 18 March 2015.

⁶ Papua New Guinea Law Reform Commission, (1992), 'Final Report on Domestic Violence', Report Number 14, Boroko, Papua New Guinea, p16.

⁷ Toft, S. and Bonnell, S., (1985), 'Marriage and Domestic Violence in Rural Papua New Guinea', Occasional Paper No. 18. Port Moresby: Law Reform Commission of Papua New Guinea, pp.5-6 quoted in Papua New Guinea Law Reform Commission, (1992), 'Final Report on Domestic Violence', Report Number 14, Boroko, Papua New Guinea, p.16. This work comprised three years of research (1982-5), led by the Law Reform Commission, involving interviews with nearly 3,000 men and women from all over the country; rural, urban and elites; studies of hospital patients, police stations, district courts, village courts, anthropological studies, and in-depth case studies.

GENDER BASED VIOLENCE: RECENT SUMMARY DATA

ISSUE	EVIDENCE	DATA SOURCE
1. Large numbers of women affected	<ul style="list-style-type: none"> 65.3% of 200 women surveyed in rural and urban areas in Coastal, Highland and Island provinces⁸ in 2009 were survivors of domestic violence largely confirming Law Commission work done during the 1980s.⁹ 	Ganster-Breidler, (validated WHO instrument designed for multi-country use). ¹⁰
2. Children are a large proportion of sexual abuse cases	<ul style="list-style-type: none"> 62% of sexual abuse cases in the National Capital District involve children, according to the Office of the Public Prosecutor. 	Office of the Public Prosecutor statistics for 2012. ¹¹
3. Rape features in a high proportion of sexual violence cases	<ul style="list-style-type: none"> 130 cases of family and sexual violence treated per month at Family Support Centres in Tari, Maprik and Port Moresby; 57 (44%) of these were for rape. 	Médecins San Frontières (MSF), Family Support Centres between December 2007 and September 2014. ¹²
4. Children are a large proportion of rape cases	<ul style="list-style-type: none"> 202 rape cases seen at Western Highlands Family Support Centre in 2014; 72% of these (145) were children. 	Western Highland Provincial Health Authority. ¹³
5. Many affected children are very young	<ul style="list-style-type: none"> An average of 18 females accessed assistance for rape per month at a Well Women clinic in Western Highlands Province between October 2012 and June 2014; 3% were aged 1-4 years; 14% aged 5-9 years; 20% 10-14; 35% aged 15-18 years. 	Family Health International (FHI360) 897 study of women and girls accessing Family Support Centre services at the Provincial Well-Women Clinic in Western Highlands Province. ¹⁴
6. Boys also significantly affected	<ul style="list-style-type: none"> Boys comprise 44% of sexual abuse victims aged under age 15. 	World Bank study of Trends in Crime and Violence. ¹⁵

⁸ Surveys took place in Western Highlands, Eastern Highlands, Madang, and the Autonomous Region of Bougainville.

⁹ Toft, S. and Bonnell, S., (1985), 'Marriage and Domestic Violence in Rural Papua New Guinea', Occasional Paper No. 18. Port Moresby: Law Reform Commission of Papua New Guinea, pp.55-6, quoted in Papua New Guinea Law Reform Commission, (1992), 'Final Report on Domestic Violence', Report No. 14, Boroko, Papua New Guinea, p.16.

¹⁰ Ganster-Breidler, M., (2010), 'Gender based violence and the impact on women's health and well-being in Papua New Guinea', Contemporary PNG Studies, Vol 13, November.

¹¹ Minister for Justice and the Attorney General, (2013), 'Second Reading Speech on the Family Protection Bill 2013', Papua New Guinea Parliament.

¹² Post Courier, November 25, 2013. These statistics were confirmed by MSF Port Moresby office, following the validation workshop held in October 2014.

¹³ Edith Namba, Provincial Health Authority Clinical Supervisor, (2015), quoted in 'Child sex abuse cases on the rise', The National, Friday 13 March, p.7.

¹⁴ FHI360, (2014), 'Snapshot Report of FHI 360 Komuniti Lukautim ol Meri Project', Family Health International.

¹⁵ UNHABITAT (2004) quoted in 'Lakhani, S. and Willman, A.M., (2014), 'Trends in Crime and Violence in Papua New Guinea', World Bank: Research and Dialogue Series: 'The Socio-economic Costs of Crime and Violence in Papua New Guinea', Paper no.1', p.11.

ISSUE	EVIDENCE	DATA SOURCE
7. High prevalence in conflict affected areas	<ul style="list-style-type: none"> Men made 50% (72) of valid calls to a national helpline in its first month of operation. Around 25% of these were from male perpetrators seeking assistance. 	ChildFund PNG ¹⁶
8. High prevalence in conflict affected areas	<ul style="list-style-type: none"> In the Autonomous Region of Bougainville 80% of men reported committing violence or sexual violence or both against a partner; 24% of women experienced sexual violence from their partner in the previous year, and 22% of men disclosed perpetrating this; One in five women's first experience of sex was rape (similar to some other countries in the Pacific); Four in ten (40%) men had raped a woman who was not a partner; 15% of women had been a victim of such a rape; More than one in 10 men (12%) had done this in the previous year; while 8% of women had been a victim during the previous year; Multiple perpetrator (gang) rape was reported by 14% of men. 	2013 UN Multi-country Cross-sectional Study on Men and Violence research team. Population based household surveys between January 2011 and December 2012: 10,178 men included. ^{17,18}
9. Large impact on HIV key affected populations	<ul style="list-style-type: none"> 78% of surveyed women engaging in transactional sex had been sexually abused in the previous year; 58% of men having sex with men had been subject to forced anal sex in the previous year. 	2010 FHI360 survey of 283 women engaging in transactional sex and 302 men having sex with men. ¹⁹
10. Gang Rape	<ul style="list-style-type: none"> 60% of men have participated in a gang rape at some time. 	2013 Report of the Special Rapporteur on Violence Against Women in Papua New Guinea quoting 2006 Papua New Guinea Institute of Medical Research Report cited in Amnesty International. ²⁰ (This has been questioned by Dame Carol Kidu who considers the data may have been inflated). ²¹

¹⁶ Hart, L., (2015), e-mail information to J Sereikaite and P Fletcher, UNDP, ChildFund, PNG.

¹⁷ Fulu, Emma et al., (2013). 'Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific' The Lancet Global Health, Vol. 1, Issue 4, e187 - e200. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70074-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70074-3/fulltext), accessed August 2014.

¹⁸ Jewkes, R. et al., (2013). 'Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific' The Lancet Global Health, Volume 1, Issue 4, e208 - e218. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70069-X/](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70069-X/), accessed August 2014.

¹⁹ Norbetus, M., (ND - 2010 research). 'Link between Gender-based Violence and Most at Risk Populations'. PowerPoint presentation, Personal Communications, Anou Borrey, UNDP, Port Moresby.

²⁰ United Nations, (2013). 'Report of the Special Rapporteur on Violence Against Women, its causes and consequences', Rashida Manjoo, Mission to Papua New Guinea (18-26 March 2012). A/HRC/23/49/Add.2, p.7. This reference could be confused, and actually be a misattribution. It is possible it relates to the original Law Reform Commission study, which published its final report in 1992.

²¹ UNIFEM, (2010). 'Ending Violence against Women and Girls: Literature Review and Annotated Bibliography'. UNIFEM Pacific, p.5.

GENDER BASED VIOLENCE: RECENT SUMMARY DATA

ISSUE	EVIDENCE	DATA SOURCE
11. Sorcery	<ul style="list-style-type: none"> "Figures from the Highlands Human Rights Defenders Network show that 24 out of 25 relocation cases were due to sorcery-related violence." In Simbu, witchcraft accusations result in around 150 cases of violence and killings each year. From a sample of 70% female and 30% male clients, Oxfam found sorcery allegations are a major cause of cases of extreme violence. 	Oxfam 2014 data for Papua New Guinea. ²² UN Special Rapporteur, (2013). ²³ Oxfam 2014 data for Papua New Guinea. ²⁴
12. Children needing hospital treatment	<ul style="list-style-type: none"> Of 445 rape cases presenting at Port Moresby General Hospital between 2004 and 2007, 53% were under 16-years-old, and 23% were under ten. The youngest was one-year-old. At Angau Hospital in Lae in 2002, of 239 cases, 57% were under age 20 and 12% under age ten. 	National Department of Health GBV Regional Workshops September – October 2008 presentation. ^{25,26}
13. Cumulative nature of abuse	<ul style="list-style-type: none"> "... 70.6% of physically abused women said that they could not say no to sex compared to 29.4% of non-abused women." "Where there was emotional abuse, 65.6% of emotionally abused women said they could not say no to sex compared to 34.4% of non-emotionally abused women."²⁷ 	Lewis, et.al, 2008, study of sexual violence involving samples in four provinces, using structured interviews of 415 women who accessed ante natal and voluntary counselling and testing services across four provinces of Papua New Guinea. They also found rates of reported rape at 44%. ²⁸

²² Oxfam, (2015). 'Annual Update: Eliminating Violence against Women in PNG', quoted in Betteridge, A., (2014). 'New details from Oxfam on gender violence response in PNG', DevPolicy Blog from the Development Policy Centre <http://devpolicy.org/in-brief/new-details-from-oxfam-on-gender-violence-response-in-png-20140715/>, accessed 25 March 2015.

²³ UN Special Rapporteur, (2013). 'Report of the Special Rapporteur on Violence Against Women, its causes and consequences', Rashida Manjoo, Mission to Papua New Guinea (18-26 March 2012), United Nations, A/HRC/23/49/Add.2, p.9. <http://reliefweb.int/sites/reliefweb.int/files/resources/Mission%20to%20Papua%20New%20Guinea.pdf>, accessed 25 March 2015.

²⁴ Oxfam, (2015). 'Annual Update: Eliminating Violence against Women in PNG', quoted in Betteridge, A., (2014). 'New details from Oxfam on gender violence response in PNG', DevPolicy Blog from the Development Policy Centre, <http://devpolicy.org/in-brief/new-details-from-oxfam-on-gender-violence-response-in-png-20140715/>, accessed 25 March 2015.

²⁵ Seginami, (2004-7). 'Study of 445 cases at PMGH', PowerPoint slide in Bradley, C., (2008). 'Overview of Sexual Violence', National Department of Health, PowerPoint Presentation, GBV Regional Workshops, Sept-Oct 2008, Personal Communications, Elizabeth Cox, C/- UNDP, Papua New Guinea.

²⁶ Sade (2004-7). PowerPoint slide in Bradley, C., (2008) Overview of Sexual Violence, National Department of Health, PowerPoint Presentation, GBV Regional Workshops Sept-Oct 2008, Personal communications, Elizabeth Cox, C/- UNDP, Papua New Guinea.

²⁷ Lewis, L., Maruia, B., Mills, D., and Walker, S., (2008). 'Final Report on Links Between Violence Against Women and the Transmission of HIV in 4 Provinces of PNG: Australia and Papua New Guinea, University of Canberra (Australia), and National HIV Support Programme (PNG), Citation in UN Women, (2011). 'Ending Violence Against Women and Girls: Evidence, Data and Knowledge in Pacific Island Countries Annotated Bibliography', United Nations Entity for Gender Equality and the Empowerment of Women, p.58.

²⁸ Lewis, L., Maruia, B., Mills, D., and Walker, S., (2008). 'Final Report on Links Between Violence Against Women and the Transmission of HIV in 4 Provinces of PNG: Australia and Papua New Guinea, University of Canberra (Australia), and National HIV Support Programme (PNG).

<p>14. Incarcerated women affected by GBV</p>	<ul style="list-style-type: none"> 90% of women in prisons in Papua New Guinea are serving time for murder. These women were victims of family violence; many had acted in self-defence. Often, they had endured years of physical and sexual abuse from their husbands and received no support when seeking help from the community or the police. 65% of women in prison are there for killing another woman (i.e. one of the husband's other wives) 	<p>UN Special Rapporteur.²⁹</p> <p>Reference to 2009 CEDAW report.³⁰</p>
<p>15. People with disabilities are particularly vulnerable to GBV</p>	<ul style="list-style-type: none"> "The World Health Organization estimates that 35 percent of women worldwide experience gender-based violence in their lifetime. People with disabilities are up to three times as likely as others to be victims of physical abuse, sexual abuse, and rape." 	<p>WHO quoted by Human Rights Watch.³¹</p>
<p>16. Police as perpetrators ... but also assisters</p>	<ul style="list-style-type: none"> 16% of women having transactional sex had been raped by the police in the last year, and 20% of men having sex with men had been raped by the police during the same period. Reports of violence by the police towards women and children are common. Of 445 cases of sexual assault treated at Port Moresby General Hospital between May 2004 and July 2007, 372 (over 80%) of those referrals were made by the police. 	<p>Family Health International (FHI360).³²</p> <p>National Department of Health GBV Regional Workshops September-October 2008 presentation.³³</p>
<p>17. Perpetrators are usually known</p>	<ul style="list-style-type: none"> "Women are five times more likely to be victimized at home than on the street" and in around 50% of the most serious crimes, "the victim knew the perpetrator." "72% of the offences prosecuted by the Office of Public Prosecutions in the NCD were perpetrators who were either family members or known to the victim." 	<p>Law and Justice Sector research quoted in 2014 World Bank study of Trends in Crime and Violence.³⁴</p>
<p>18. Where are the missing women?</p>	<ul style="list-style-type: none"> In 2013 there were 952 females to every 1000 males at birth; 962 females for every 1000 males for ages 0-14 and only 943 females for every 1000 males for those aged 15-64.³⁵ 	<p>Possible explanations are either deliberate infanticide or infanticide by neglect.³⁶ Another possibility is the non-counting of girls and women who may remain hidden when visitors call.</p>

²⁹ UN Special Rapporteur. (2013). 'Report of the Special Rapporteur on Violence Against Women, its causes and consequences', Rashida Manjoo, Mission to Papua New Guinea (18-26 March 2012), United Nations, A/HRC/23/49/Add.2, p.10. <http://reliefweb.int/sites/reliefweb.int/files/resources/Mission%20to%20Papua%20New%20Guinea.pdf>, accessed 25 March 2015.

³⁰ Pollard, W., (2012). 'Polygamy in PNG under scrutiny', 3 News, 10 December, New Zealand, <http://www.newshub.co.nz/world/polygamy-in-png-under-scrutiny-2012121014#azzz4FHg5NR09>, accessed 25 March 2015.

³¹ Human Rights Watch, (2015). 'Include Women, Girls with Disabilities in Anti-Violence Efforts', March 6 2015 <https://www.hrw.org/news/2015/03/05/include-women-girls-disabilities-anti-violence-efforts>, accessed March 25 2015.

³² Norbetus, M., (ND - 2010 research). 'Link between Gender-based Violence and Most at Risk Populations', PowerPoint presentation, Family Health International (FHI360), Personal Communications, Anou Borrey, UNDP, Papua New Guinea.

³³ Seginami, (2004-7). 'Study of 445 cases at PMGH', PowerPoint slide in Bradley, C., (2008). 'Overview of Sexual Violence', National Department of Health GBV Regional Workshops, Sept-Oct 2008, PowerPoint Presentation.

³⁴ LJSS NCD, (2009) quoted in Lakhami, S., and Willman, A.M., (2014). 'Trends in Crime and Violence in Papua New Guinea', World Bank: Research and Dialogue Series: 'The Socio-economic Costs of Crime and Violence in Papua New Guinea', Paper no. 1, p.10.

³⁵ Central Intelligence Agency, (2013), quoted in OECD Development Centre (N.D.), 'Social Indicators and Gender Index: Papua New Guinea', <http://www.genderindex.org/country/papua-new-guinea>, accessed October 2015.

³⁶ Unicef, (2012), quoted in OECD Development Centre (N.D.), 'Social Indicators and Gender Index: Papua New Guinea', <http://www.genderindex.org/country/papua-new-guinea>, accessed October 2015.

There are many examples of studies providing data on GBV in Papua New Guinea, but few are wide-ranging. Two recent surveys, which are broader in scope, are the 'UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific' study³⁷ and the '2009-2010 Papua New Guinea Household Income and Expenditure Survey'.³⁸

The UN Multi-country study

Data from this study are included in item eight in the table above. This Asia-Pacific regional investigation (2013) found that for one in five of the region's females, rape was their first experience of sex, and that one third of men had been abused as children.³⁹ The study included a focus on the Autonomous Region of Bougainville, a post-conflict region, providing some insight into the nature of GBV in such a context. The reported rates were high: 80 per cent of men reported having committed violence, or sexual violence, or both, against a partner.⁴⁰

The comparatively high rates of GBV in post-conflict Bougainville provide an excellent example of how rates of GBV sit within the wider social context. It does appear the higher the rates of violence in society generally, in this case as a result of conflict, the higher the rates of GBV. This view is supported by the '2009-2010 Papua New Guinea Household Income and Expenditure Survey' data.⁴¹

Regional Variation and HIES data

'The Household Income and Expenditure Survey (HIES) 2009-10' conducted by the National Statistical Office provides baseline data on domestic violence and other types of disputes. HIES data was collected at both household and individual level via a stratified sample of 4,191 households throughout Papua New Guinea during 2009-10. Data were analyzed by region, rural/urban/metro areas, and other variables.⁴² Owing to the nature of the survey, care is needed with interpreting the data.⁴³ This section merely presents some of the information obtained; any in-depth analysis should be first checked with the Papua New Guinea National Statistical Office for validity. *Conclusions presented here are tentative and need to be confirmed by further investigation.*

Heads of households or their spouse were asked whether they or anyone in their household had experienced at least one instance of a number of different types of disputes in the previous 12 months. Responses were self-reported and unverified. The chart below refers to reports of gender-based violence associated disputes; i.e. disputes over domestic violence; physical assault; bride price; and child custody/support. The numbers reflect the percentage of households where at least one member experienced at least one instance of each type of dispute.

³⁷ R., Jewkes, Fulu, E., and Sikweyiya, (2013). 'Prevalence of and factors associated with non-partner rape perpetration: Findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific', in The Lancet, p.6. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70069-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70069-X/fulltext), accessed August 2014.

³⁸ National Statistical Office, (2013). '2009-2010 Papua New Guinea Household Income and Expenditure Survey, Summary Tables', National Statistical Office, Port Moresby.

³⁹ R., Jewkes, Fulu, E., and Sikweyiya, (2013). 'Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific', in The Lancet, p.5. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70069-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70069-X/fulltext), accessed August 2014.

⁴⁰ Fulu, E., Jewkes, R., Roselli, T., and Garcia-Moreno, C. On behalf of the UN Multi-country Cross-sectional Study on Men and Violence research team, (2013). 'Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific', The Lancet Global Health, Vol. 1, Issue 4, Pages e187-207, October 2013.

⁴¹ National Statistical Office, (2013). '2009-2010 Papua New Guinea Household Income and Expenditure Survey, Summary Tables', National Statistical Office, Port Moresby.

⁴² 'Metro' refers to the two large urban centres of Port Moresby and Lae.

⁴³ More details about the Household Income and Expenditure Survey can be found in National Statistical Office, (2013). '2009-2010 Papua New Guinea Household Income and Expenditure Survey, Summary Tables' and the accompanying disk, National Statistical Office, Port Moresby.

Incidence of Dispute Types by Rural and Urban Areas

Type of Dispute	National	Rural/Urban Areas						
		Rural	Urban	Metro	Southern	Highlands	Momase	Islands
Domestic Violence	9.0	9.0	8.9	8.5	7.7	12.3	8.1	2.0
Physical Assault	7.3	7.3	7.0	7.1	2.9	10.5	7.5	1.8
Bride Price	4.2	4.4	2.9	3.1	1.9	5.4	5.9	0.3
Child Custody/ Support	2.5	2.4	3.5	3.9	2.1	2.4	4.0	0.4
Experienced Any Dispute	39.9	41.3	29.6	27.7	37.9	44.0	49.1	17.3

- Reports of 'disputes over domestic violence' and reports of 'experiencing any dispute' are only roughly associated. Both are more commonly reported in rural areas and least likely to occur in Island regions. The Highlands had the highest rate of domestic dispute reports and Momase, the highest rate of disputes generally (p.124).
- As mentioned earlier, there does appear to be a much closer relationship between physical violence reports in a region and 'dispute over domestic violence' reports. Incidences of 'disputes over domestic violence' follow a similar pattern to incidences of physical assault, with the exception of the Southern region, where disputes over domestic violence are more than twice as common as physical assaults. This does tend to support the pattern seen in the Bougainville data: that involvement in violence outside the home appears strongly correlated with gender-based violence within the household (p.124).
- The HIES also provides information about who is the 'other party' or adversary in domestic violence disputes. In all but one of the regions and areas listed, the 'other party' was a family member 80-90 per cent of the time. The 'other' region was the Island provinces where 'another' individual was the adversary around 23 per cent of the time (pp.127-9).
- Disputes over domestic violence are more likely to be reported by household heads/spouses living in the Highlands; women (only five per cent more likely than men); and people living in extended families (16 per cent more likely than nuclear family residents). Of those reporting at least one episode of a domestic violence dispute, 20.7 per cent report associated property damage (pp.125-133).
- Bride price dispute reports are 50 per cent more common in rural areas than in urban areas. The opposite is true for reports about child custody disputes. These were 46 per cent more likely in urban areas in contrast to rural areas (p.124).
- The HIES reveals that 60 per cent of women who experienced a dispute during the reporting period did seek assistance (p.136). They most frequently approached a community leader, friend/'wantok', or village court (28.5 per cent, 23.8 per cent, 21.0 per cent of the time respectively), but 11.1 per cent of the time they did go to the police (p.136).⁴⁴

⁴⁴ This contrasted with seeking help from church leaders or priests, (5.2% of help seeking).

Gender Based Violence and the Official Statistics

The GBV data presented so far and its close connection with assault levels generally suggests GBV is symptomatic of the widespread use of general violence throughout large sections of Papua New Guinean society. Violence occurring at the official level, whether literal, structural or institutional, is a subset of a wider problem. Therefore, the small collection of a small number of reports and a small number of legal outcomes presented in the official statistics no doubt reflect the following:

- Beliefs about the legitimacy of reporting;
- Fear of reporting;
- Poor recording of reports;
- Likelihood of reports being taken seriously;
- Likelihood of reports being recorded;
- Likelihood of reports being followed up.

The official 'Law and Justice Sector 2013 Annual Performance Report' features low levels of reported sexual offences and even lower numbers of arrests.⁴⁵ For example:

Rape

In 2013, 130 rape cases were reported nationally, and of these only 40 (31 per cent) arrests were made. (2012: 123 rape cases reported with 34 (28 per cent) arrests.)

Other Sexual Offences

In 2013, 370 'other sexual offenses' were reported, and of these 131 (35 per cent) arrests were made. (2012: 176 reports with 61 (35 per cent) arrests.)

Data availability

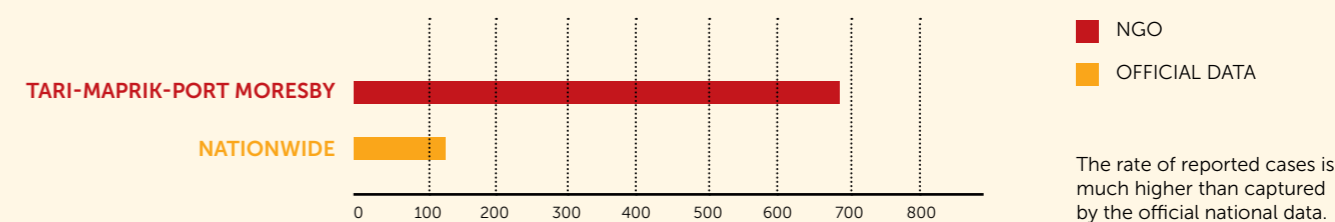
Data are obtainable for National Capital District (NCD), Lae, Madang, and East New Britain. There are no published official statistics for 18 provinces.

GBV / FSV data

Even in the Capital, only one police station, Waigani, provides data for family sexual violence cases. It recorded three reported rape cases for females and one for males in 2013, (2012: three cases for females and none for males).⁴⁶

In summary, all around Papua New Guinea many women, men, children, and transgender, people with disabilities, and key HIV affected populations, are negatively affected by gender-based violence. Exactly how many it is difficult to fully ascertain. Occasionally, however, there is some small insight into the multi-dimensional data of the problem. The data below cannot be compared. Putting them next to each other though, does suggest that either all the people assisted in Tari, Maprik and Port Moresby are not making official reports, or they are making reports but the reports are not being counted, or the civil organization is inflating its data. Given there are a number of civil organizations with similar levels of data, this last possibility seems most unlikely.

COMPARATIVE DATA FOR RAPE IN 2013⁴⁷



⁴⁵ Papua New Guinea, Law and Justice Sector, Justice Advisory Group, (2013), 'Annual Performance Report', p.58 – see Table 1.

⁴⁶ Ibid.

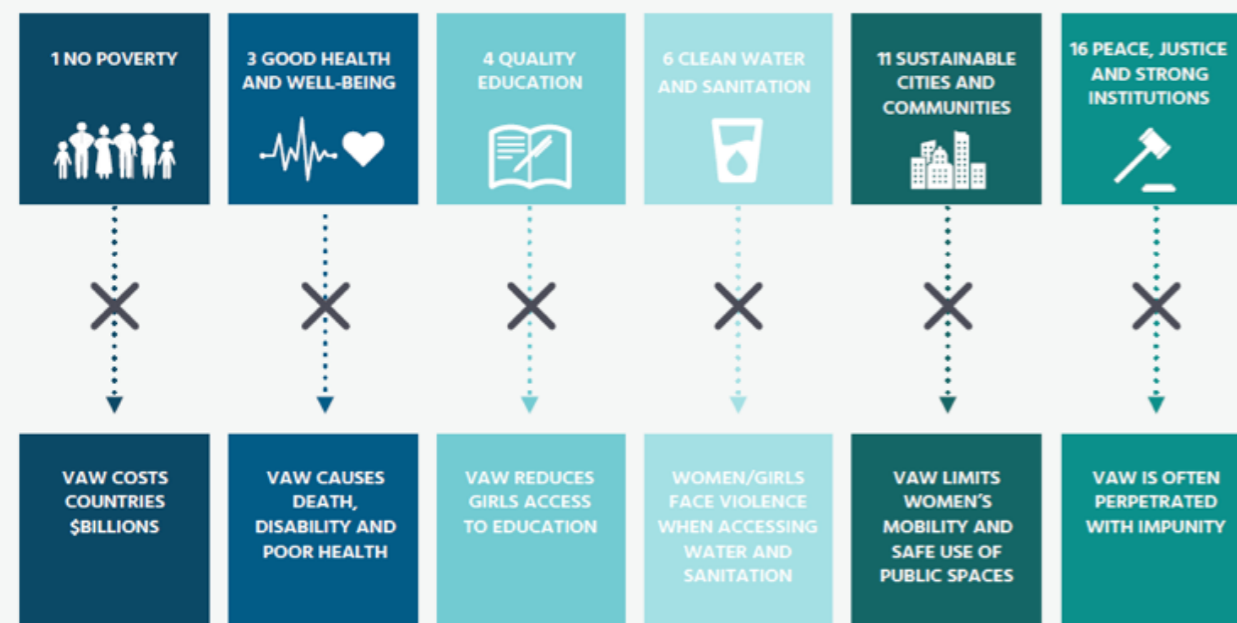
⁴⁷ Post Courier, November 25, 2013. These statistics were confirmed by MSF Port Moresby office, following the validation workshop held in October 2014. Family and Sexual Violence in Papua New Guinea: a medical emergency. The Australian Government Inquiry into the human rights issues confronting women and girls in the Indian Ocean – Asia Pacific region. Submission 38 by Médecins Sans Frontières (MSF).

Annex 3. Relationship between SDGs, GBV and VAW

Many specific targets address the factors that contribute to VAW



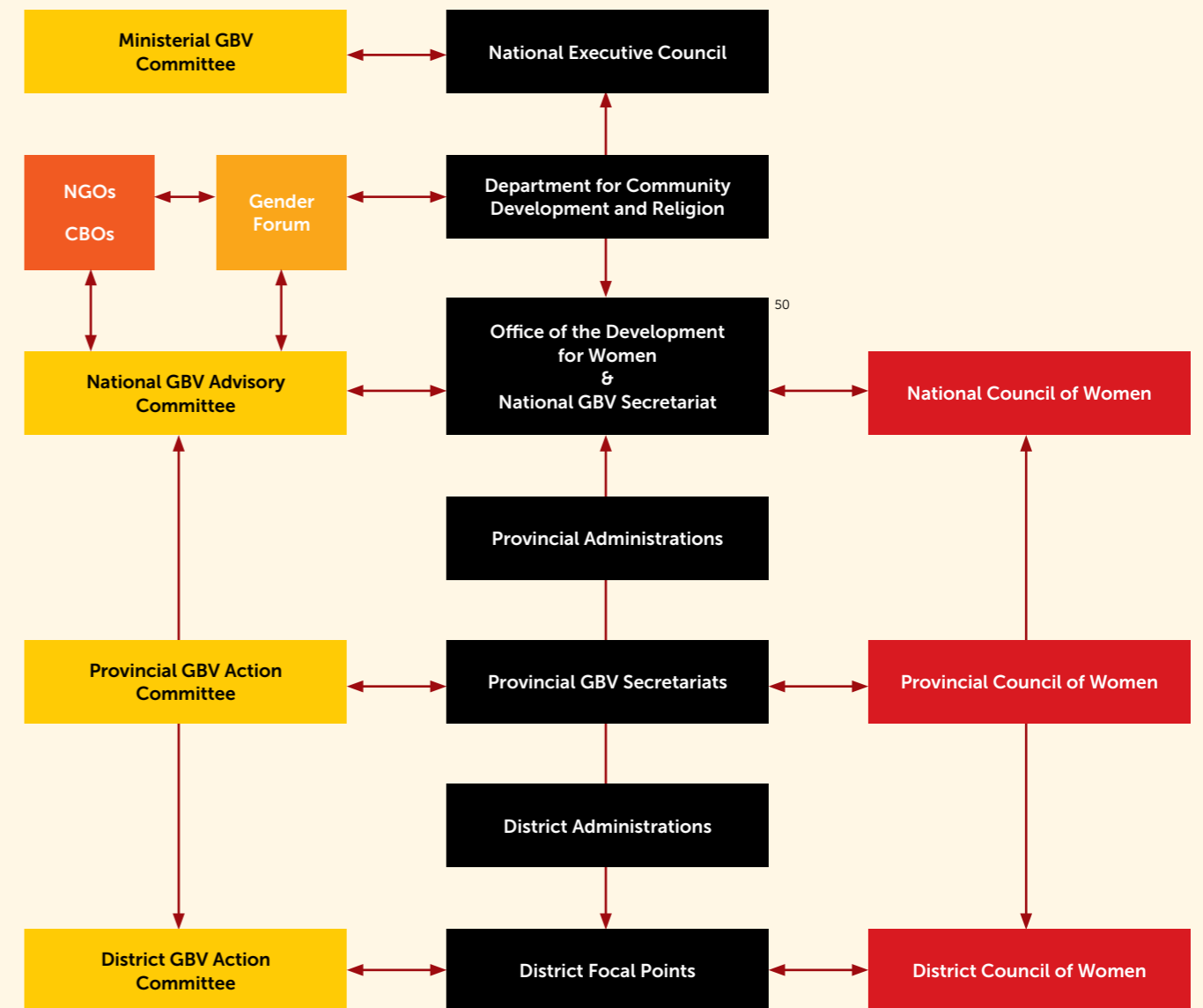
SDGs cannot be achieved without reducing VAW



⁴⁸ Yumi Kirapim Senis – Understanding GBV to inform change, UNDP-Papua New Guinea, 2016.

⁴⁹ Idem above.

Annex 4. Governance and Institutional Structure



⁵⁰ Discussions are ongoing on establishing if the National Family and Sexual Violence Action Committee will be amalgamated with the National GBV Secretariat, or maintained in one or other form.



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